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Model Training Program

Medical Services Administration, SRS

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MODEL TRAINING PROGRAM
FOR
IMPLEMENTING
THE
MEDICAID MANAGEMENT INFORMATION SYSTEM

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This Model Training Program was designed for use in initiating and implementing the Medicaid Management Information System (MMIS). The purpose of this program is to serve as an aid to ensure that all personnel involved posses the knowledge and skill required to carry out the activities, and to use the system and reports effectively and efficiently.

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INTRODUCTION TO THE MANUAL

The installation of the Medicaid Management Information System will represent a major change in the management of programs now operated manually and will require modification in those programs now automated or partially automated. MMIS will affect not only the hundreds of state and privately employed personnel who administer the system, but also thousands of citizens eligible to receive Medicaid benefits.

To meet MMIS objectives, employees must be familiarized with the new system and frequently trained in new skills. The purpose of this manual is to serve as a systematic guide to that training process. Its audience has been divided into six groups, determined according to the amount of information each needs for input into the system. Accordingly, the manual is divided into six modules, each of which addresses the training needs of a particular group. These groups are:

- Executives in state government, including the governor, governor's administrative aide, a legislative committee, and the director of the single state agency involved in administering Medicaid
- Title XIX program manager
- Clerical personnel
- Financial personnel
- Data processing personnel
- Providers

While the manual and the General System Design for Title XIX* represent a guide to content and methodology and contain sufficient material to accomplish training objectives of the six groups of MMIS-effected personnel, the "user," or trainer, will have to tailor the program detailed here to specific, local audiences. Both the manual and the system are designed for flexibility of use. This flexibility is reflected in the manual's philosophy, which is "training by objectives." The user of this manual is urged to familiarize himself with this philosophy and format, and to modify the proposed session based on his assessment of the particular audience, the nature of the current state system being utilized and the training needs of the personnel involved.

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* Medicaid Management Information System, General System Design for Title XIX, U.S. Department of Health, Education, and Welfare, Social and Rehabilitative Service, Medical Services Administration, June 1, 1972.

Training by objectives calls for a basic five-step method in development:

- Articulate the problem to be addressed by training;
- State the general goal to be achieved by training;
- Identify specific objectives to be achieved by the training session;
- Outline the training method or methods to be used to achieve the objectives;
- Describe the content or materials to be used in the training or orientation session.

Thus, each module is divided into five sections which generally follow these steps. The sections may be briefly outlined as follows:

- Section 1 - Overview of the module
- Section 2 - Articulation of the problems to be addressed
- Section 3 - Goals and objectives for training
- Section 4 - Session development and format
- Section 5 - Proposed contents

Section 3, in which a statement of goals and objectives is developed, should be modified to accommodate particular variables in the local situation. The changes made in Section 3 of each module will, of course, determine modifications in Sections 4 and 5.

There are a variety of ways in which both the trainer and the personnel being trained can evaluate the success of the training effort, in other words, the achievement of objectives stated in Section 3 of each module. The choice of a method will depend on the local work situation and the nature of a particular state's training program. The following methods should be considered:

- Practice exercises done by the participants during the sessions. Such exercises provide performance data which indicate the ability of the participants to apply new information and concepts.

- Evidence of openness in the sessions as indicated by comments and questions on the part of participants
- Formal, written testing
- Assessment of on-the-job performance of the participants

It is recommended that the trainer establish openness within the sessions to encourage immediate feedback, provide time for review/discussion at the conclusion of the sessions, and work with supervisory personnel to establish means for measuring on-the-job performance.

MODULE I.

EXECUTIVE BRIEFING GUIDE

MODULE I.

LIST OF FIGURES

I. EXECUTIVE BRIEFING GUIDE

1. Overview

The incorporation of the Medicaid Management Information System into the administrative functioning of a state government is a highly complex undertaking. It involves sanction and approval at several levels, as well as the ultimate mobilization of a large number of state personnel to bring about successful implementation. Such a large-scale effort must be undertaken at the behest of the Governor and with the mandate of appropriate key decision makers within the state government.

Each key level of policy makers must have sufficient information with which to make valid decisions and policies with respect to the MMIS. Varying levels of authority and policy roles dictate that the amount of information, and the focus of that information will vary to meet particular needs. As a result, this module for executives addresses the information needs of four executive levels; Governor, Administrative Aide to the Governor, Legislative Committee, and Director of the Single State Agency delegated to administer MMIS.

The four executive levels mentioned above have several common characteristics that have been considered in determining the manner in which information about MMIS should be conveyed. First, they do not require large amounts of detail with respect to the MMIS in order to fulfill their decision-making obligations. Second, there are extensive demands on their time, thus restricting the amount of time allowable for an appropriate orientation to the MMIS. Finally, it should be pointed out that the basic objective of their orientation is to impart information. It is, in fact, the overall objective of a presentation to any of these executive officials to convince them that the MMIS should be strongly supported in their state.

Executive approval and support is critical during the initial stages of the MMIS development effort, and it is strongly recommended that a briefing session be held at each appropriate level. Each of the subsequent areas of problems addressed, training goals, session development, and content are similar for the various executive levels. However, care should be taken to assure that each briefing module is tailored to the specific audience being addressed in terms of the content and level of detail provided.

2. Problems to be Addressed

The problems may be stated as follows:

- The Executive should be provided financial and personnel data upon which to make valid decisions with respect to the utilization of the MMIS.
- The Executive needs general information about the component functioning of the MMIS and its relationship to other levels of government.
- The Executive should be aware of the implications of the MMIS utilization for state providers, or recipients of Title XIX program funds.

3. Training Goals and Objectives

The general goal of the briefing and orientation session is to provide the Executive with adequate summary data on the operation of the MMIS and broad implications for implementation. The specific objectives for the session are:

- Ensure that the Executive is sufficiently informed about the human and financial objectives of MMIS
- Ensure that the Executive is conceptually aware of the broad component functions of MMIS
- Ensure that the Executive is aware of the immediate steps he should take and of the necessity for his continuing support of MMIS

4. Session Development and Format

Keeping in mind the problems, goals, and objectives for the executive brief, and also considering the time constraints and need for summary data, it is recommended that:

a. The person responsible for the briefings should provide the Executive with two short papers on the MMIS several days in advance of the scheduled briefing. The papers, included in Section 5, are entitled, "A Background and Summary Statement on the Medicaid Management Information System", and "A Summary of the Implementation Steps for the Medicaid Management Information System".

b. A schedule be developed on an "as available" basis for briefing sessions. The following sequence of events is suggested for this briefing:

- Summarize the presentation about to be made
- Provide background information on MMIS and its component areas displaying charts 1 and 2 (optional). This is largely in support of the first paper referred to above.
- Provide summary information on the implementation steps and a recommended time frame for each of the steps utilizing chart 3.
- Allow time for questions either at the end of the presentation or during the session.

5. Proposed Contents

The following documents and charts may be used in the Executive briefing session:

- Paper 1. "A Background and Summary Statement on the Medicaid Management Information System"
- Paper 2. "A Summary of the Implementation Steps for the Medicaid Management Information System"
- Chart 1. A Component Flow Chart of MMIS.
- Chart 2. Outline of the Implementation Steps
- Chart 3. Sample Time Line for Implementation (optional)
- Appendix A. "A Working Guide for the Development of the Current System - Outline on Flow Chart Development"*

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*Note - This Appendix is not intended for use by the Executive. It is a guide to the person doing the training on development of flow-chart type training aids.

Paper 1.

A BACKGROUND AND SUMMARY STATEMENT ON THE MEDICAID MANAGEMENT INFORMATION SYSTEM

1. Development of Medicaid Management Information System

A Task Force on Medicaid and Related Programs was created by the U. S. Department of Health, Education, and Welfare to consider the related problems of rising costs in almost every area of medical delivery, the increased public demand for these ever more costly services, and public pressure to keep taxes paying for these services at a minimum. In 1969, the Task Force made its initial recommendations. The recommendations fell into two broad categories: (1) There is a need to develop alternative methods of providing medical services to Medicaid clients; and (2) The administration of Medicaid and its control over Medicaid services should be made significantly more efficient.

In response to the second imperative, a Management Systems Division was created within the Medical Services Administration, and mandated to produce a management approach or system that would improve the efficiency of each state's Medicaid program. This step resulted in the development of the MMIS.

2. Benefits of the MMIS

The Medicaid Management Information System will assist the Executive or designated officials in several areas that are of major concern to the executive management of a state.

As an agent of fiscal control, MMIS will help reduce the large backlog of payments to providers, and present a clearer picture of Medicaid's actual financial status. For instance, it makes impossible the payment of duplicate claims, and checks all claims for higher than usual charges. These features alone could save a state thousands of dollars per year. In addition, fiscal projection figures are generated by the Management and Administrative Reporting Subsystem to give a clear reading of the fiscal needs for the coming year.

The MMIS can be used to analyze the claims for the care given to recipients to ensure that it is provided in a timely and expeditious manner. Through various management reports, those services which need expansion or suggest possibilities for alternative care options are presented. This allows the state to plan modification and growth in service in a controlled manner.

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* Task Force on Medicaid and Related Programs, HEW, Office of Secretary, June 29, 1970.

Concern over Medicaid costs is another area in which MMIS can play an important role. The Surveillance and Utilization Review Subsystem is designed to point out instances of misutilization of Medicaid that frequently attract public attention. Timely and accurate data from this system can be monitored to prevent budget overruns and to ensure efficient state medical administration. In regard to the provider sector, quick and accurate claim payment will assist in maintaining confidence in the Medicaid structure and its administration.

In summary, the MMIS is designed to assist the Executive in his role as public policy maker by:

- Paying all valid claims quickly and accurately;
- Ensuring that only reasonable charges are accepted for payment;
- Keeping a constant watch for instances of Medicaid abuse by both providers and recipients;
- Providing projections of Medicaid's future costs;
- Identifying areas of need within the Medicaid program.

In short, MMIS combined with the strong backing of top-level management will provide more efficient administration for the Medicaid program.

3. Components of the MMIS

The Medicaid Management Information System, or MMIS, is a generalized, computerized system for claims processing which provides information upon which management decisions can be made. It was conceived as a model design that each state could adapt to its particular needs and program. It is divided into six functional subsystems, each designed to solve one or more of Medicaid's current critical problems. These subsystems may be examined in detail in the five volumes of the General Systems Design for Title XIX.*

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*Medicaid Management Information System, General System Design for Title XIX, U. S. Department of Health, Education, and Welfare, Social and Rehabilitative Service, Medical Services Administration, June 1, 1972.

- Recipient Subsystem. The Recipient Subsystem is designed to maintain a file of all recipients certified for Medicaid. Recipient identification and associated demographic data may be updated frequently to ensure completeness and accuracy. Recipient identification cards, based on the current eligibility list, are issued monthly.

- Provider Subsystems. The Provider Subsystem performs two important functions. First, it analyzes the applications of new providers to enroll the provider into the Medicaid program. Second, it keeps an up-to-date list of all certified providers.

- Claims Processing Subsystem. Data provided by the Recipient Subsystem, the Provider Subsystem, and individual claims are brought together by the Claims Processing Subsystem to provide timely and accurate payment of claims. Eligibility of provider and recipient is verified; the amount of the claim is checked against the file of provider rates charged, and a voucher or request for payment is issued for valid claims. Invalid claims are suspended pending correction. In addition, the Claims Processing Subsystem feeds data on claims that have been adjudicated to the Reporting and Reference File Subsystems.

- Reference File Subsystem. This subsystem provides a generalized update facility, provides practitioners with usual and customary charge data and generates various listings of data pertaining to suspended claims.

- Surveillance and Utilization Review Subsystem. The Surveillance and Utilization Review Subsystem, referred to as SUR, is the key to accomplishment of MMIS objectives or total Medicaid program control. It is based on an analysis of paid claims by a technique known as exception processing. Exception processing involves analyzing every claim paid to a given provider or on behalf of a given recipient against a computer-established normative range for the participants' peer group. Only those participants who fall outside this normative range are reported for review by the Medicaid staff and possible action. A wide variety of criteria are analyzed for each participant and a great deal of supporting documentation is available from the computer's data bank. In addition, the SUR is designed to allow management adjustment of these norms.

- Management and Administrative Reporting Subsystem. MARS reports show past and projected performance of expenditures against budgets. Levels of care being received by the various types of Medicaid eligibles and the performance of the MMIS itself are also given careful attention. One interesting aspect of MARS is the idea of reporting levels. Reports range from the very detailed analyses of providers' class groupings to the general budget vs. performance data for the entire Medicaid program. Decisions may be based on concise, meaningful summary reports with the assurance that detailed backup is available if necessary.

4. Implementation and Guides

To test its effectiveness, the State of Ohio was chosen as a pilot project. The primary reasons for the selection of Ohio were:

- Size and demography of the state
- Ohio's willingness to accept the entire MMIS package
- Ohio's commitment to reorganize its medical services division to make effective use of the new system
- Ohio's commitment to assist other states in implementing the MMIS.

Detailed design and implementation of the Ohio system took approximately two years. The system is now fully operational.

Concurrently, a scheme of Federal technical assistance was developed for use in and by other States. Included in this program are:

(1) The MMIS General Systems Design - five volumes of MMIS design including sample inputs, processing flows, and outputs.

(2) The MMIS General Installation Guide - a one volume narrative of general suggestions to States seeking implementation of an MMIS-type system.

(3) The User Training Manual - detailed design and explanation of clerical procedures to support MMIS.

(4) SUR Publication - which show how to utilize the reports generated by the SUR Subsystem.

(5) MARS Operational Techniques - which show how to utilize the reports generated by MARS.

(6) MMIS Model Training Program - a program for planned change for people impacted by MMIS.

(7) Medicaid Operations Notes - which are a series of publications covering topics of interest to Medicaid Administrators.

In addition to these documents, Federal personnel familiar with other states' problems are available to provide technical assistance. The technical assistance covers analysis of needs, suggestions for administrative organization, training, and help in solving implementation difficulties.

Paper 2.

A SUMMARY OF THE IMPLEMENTATION STEPS FOR THE MEDICAID MANAGEMENT INFORMATION SYSTEM

Once the Executive, designated state official, agency director, or legislator has made a personal commitment to establish the MMIS in his State, he or she is responsible for allocating the necessary personnel, facilities, and financial resources. This may require the hiring of additional staff, provision of overtime pay, or provision of a compensatory time arrangement for in-house personnel. Six steps, estimated to span a period of approximately two years, are involved in MMIS establishment. They are:

- Conduct of a feasibility study
- Establishment of a project management team
- Review of the state agency involved
- Development of the detailed system design
- Implementation of the system
- Evaluation of system operation

Although these steps or phases of MMIS establishment are estimated to take about two years, the time period can be reduced if some of the activities are conducted concurrently. The amount of time between initiation of the feasibility study and completion of system evaluation will also be affected by the method chosen to perform the work (whether in-house or under contract).

Let us now look at each of the steps in greater detail.

1. Feasibility Study

The object of the feasibility study is to determine whether MMIS should be installed in a State. Those conducting the study must analyze: current operations and current operating costs, alternative administrative systems including the MMIS, and the cost-benefit relationship of alternatives in comparison with current methods of operation. These analyses will result in a recommendation, which will be supported by the findings.

The feasibility study may have been performed by in-house resources, by utilizing support available for such a study from the Department of Health, Education, and Welfare, or by contracting the services of a consultant.

2. Project Management Team

Following a recommendation to proceed with the development of the MMIS, the Executive or designated state official, should then be prepared to establish a project management team responsible for organizing and carrying through implementation of the MMIS.

Such a project team must operate under a formal organizational structure, so that each individual involved has a clear understanding of who is responsible for exactly what functions. This structure is especially important when an outside contractor is assisting the state agency in some capacity concerning the MMIS implementation. It is also imperative that the director of the project team have direct access to state agency top management in order that necessary decisions can be made on a timely basis. Only if this is so can a project of the complexity of MMIS proceed at a reasonable pace.

To govern the activities of the project organization, a project plan must be developed that:

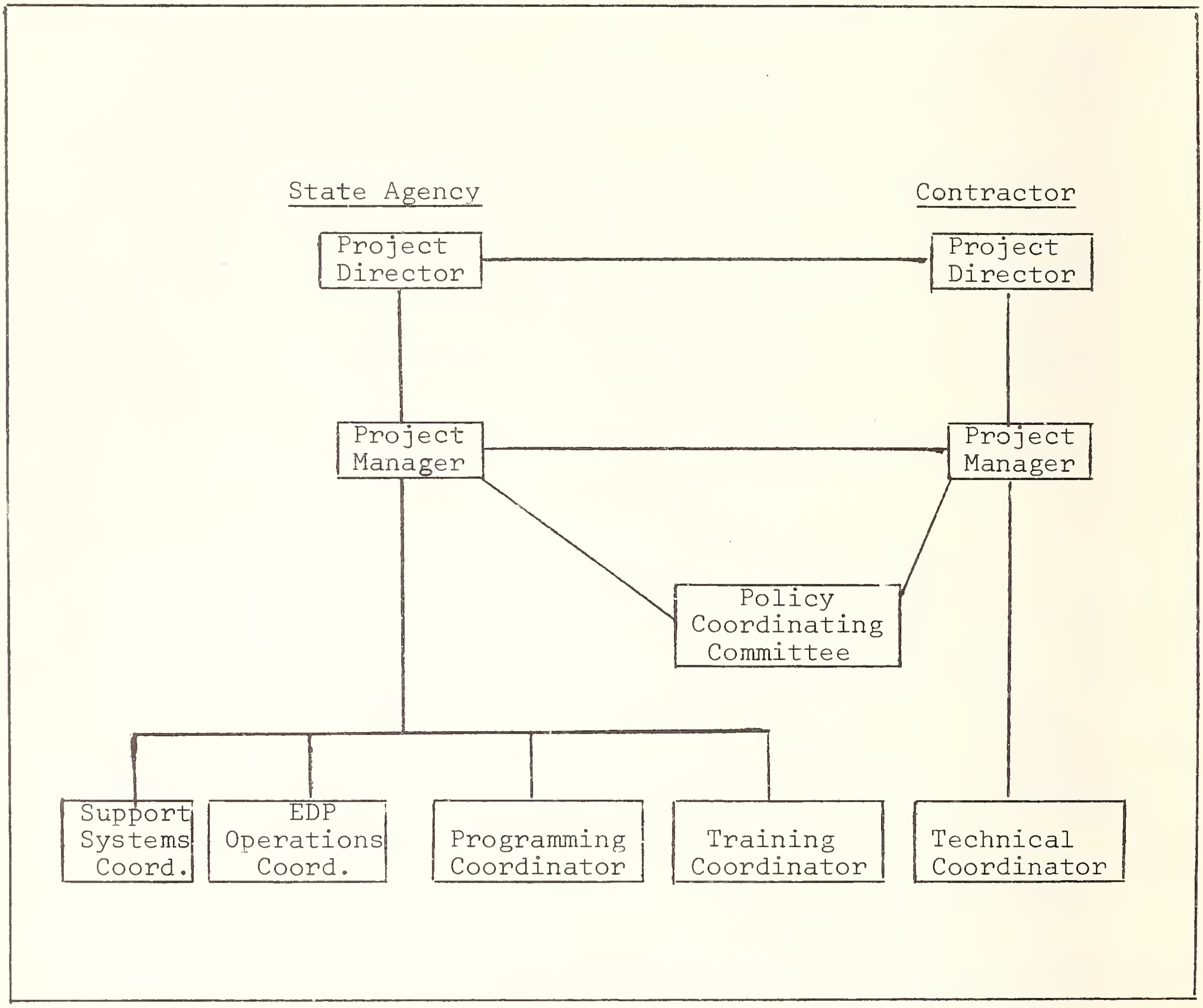
- Identifies each of the tasks to be performed during the course of the project
- Specifies responsibilities and scheduled dates of performance
- Establishes the project development schedule

Figure 1 illustrates the organization of the project management team. The responsibilities of the team will cover review of the state agency, system design, and system development efforts, all of which are further discussed below.

3. State Agency Review

The MMIS brings to the state agency involved with the administration of Medicaid an overall information processing system that is both streamlined and efficient, but the structure of the system imposes certain organizational requirements on the agency it serves. Thus, to create the best possible environment for installation of the MMIS, a review of the agency's organization, personnel policies and procedures must be conducted. This will determine whether these elements are organized in such a way as to support the MMIS. A thorough analysis of the agency will often reveal the need for adjustments in structure or operating procedures. These adjustments must be clearly identified and understood in order to embark upon the next phase, design of the system.

Figure 1. Project Management



4. System Design

The design efforts begin with an analysis of information requirements in each organizational element of the state agency. This analysis identifies information that must be processed and specifies its form at various stages in the processing flow. To perform this analysis, system analysts work closely with agency personnel to ensure that all requirements are identified, and that the design will be based upon information derived through a process involving active user participation.

Once the detailed requirements of the MMIS have been established, development of detailed systems specifications and implementation standards begin. Specifications are prepared for every element in the MMIS, including both automated and manual processes (see Figure 2). Detailed descriptions are prepared for all source documentation, system files, and specific outputs, including all reports. The result of the system design is a document completely describing the proposed MMIS at a level of detail that permits an accurate estimate of implementation and operating costs, as well as sufficient technical detail to permit implementation to begin. (Refer to Appendix A for use of design documentation.)

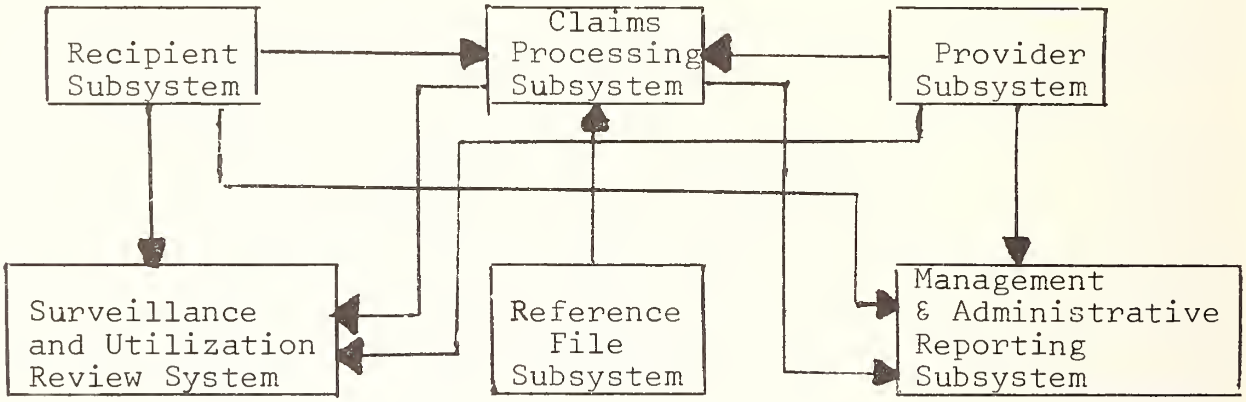
5. System Implementation

The objective of the system implementation phase (see Figure 3) is to produce an efficiently operating MMIS based on the design previously prepared. Planning for implementation is the critical first step in this complex and large-scale task. The plan must consider every activity to be performed during implementation, and organize and schedule those activities.

Once the plan has been established, work will proceed on:

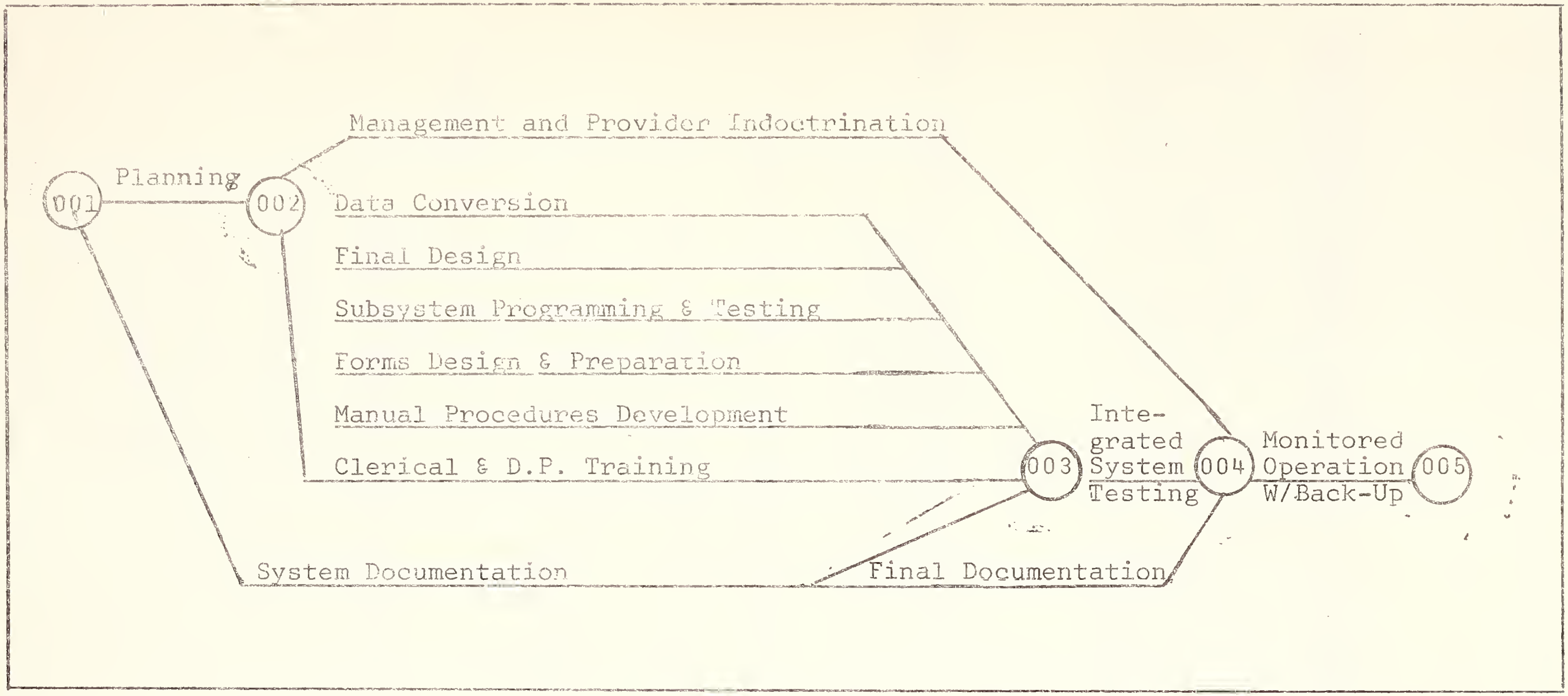
- Conversion of data from existing files for processing on the new system.
- Writing and preparation of programs for processing in the manner prescribed in the system design
- Development of forms and other paper materials to be used in the MMIS
- Development and documentation of manual procedures to be performed by clerical and other personnel interacting with the new system

Figure 2. System Design


Recipient Subsystem
Claims Processing Subsystem
Provider Subsystem
Surveillance and Utilization Review System
Reference File Subsystem
Management & Administrative Reporting Subsystem

- Detailed Requirements Analysis
- Development of Detailed System Specification and Implementation Standards

Figure 3. System Implementation


001
Planning
002
Management and Provider Indoctrination
Data Conversion
Final Design
Subsystem Programming & Testing
Forms Design & Preparation
Manual Procedures Development
Clerical & D.P. Training
System Documentation
003
Integrated System Testing
004
Monitored Operation W/Back-Up
005
Final Documentation

An extremely important activity during the implementation phase will be the training of various personnel regarding their new roles and specific duties. The staff should be made aware that their cooperation with the effort to establish the MMIS will significantly enhance the efficiency of their agency's operation. A key activity during the implementation phase is the integrated system test which brings together each element under development to check the ability of the system to function as a whole in accordance with design specifications. Following successful completion of the system test, the system begins operation, initially with a back-up, and later as a fully operational system.

6. System Evaluation

Evaluating the success of a computerized/manual system is a difficult job at best. There are, however, some yardsticks against which the success of MMIS may be measured. These include:

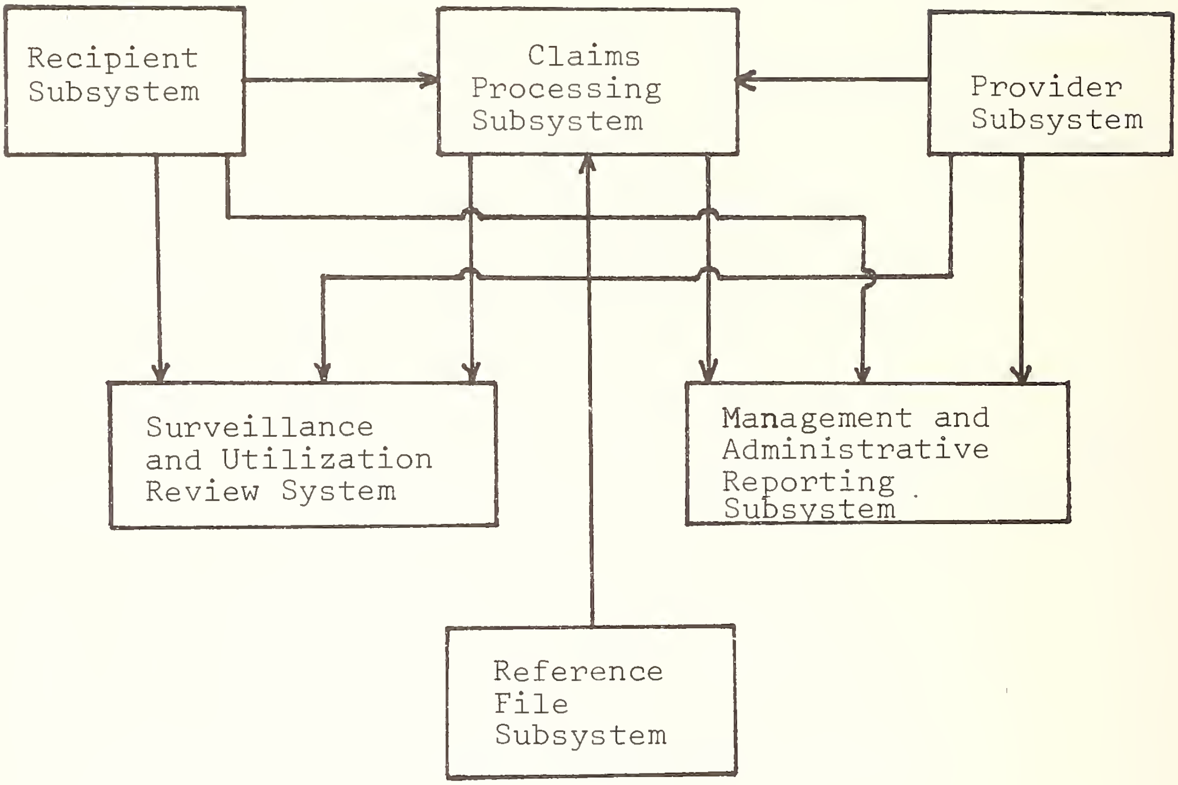
- Payment of all valid claims quickly and accurately;
- Evidence that all reasonable charges are being accepted for payment;
- Exposure of Medicaid abuse by providers and recipients;
- Projections of Medicaid future costs;
- Identification of areas of need within the Medicaid Program.

Information which can be developed to provide such measurements include:

- Monthly costs of operation especially ratio of cost of service to cost of administration, include savings from SUR;
- Medicaid staff morale (rate of resignation);
- Provider response to new system;
- Turn-around time of claims being processed;
- Error frequency in incoming claims.

This system is designed to produce reports from which, together with provider and staff comments, provide a firm basis for system evaluation.

COMPONENT SYSTEM DESIGN


Recipient Subsystem
Claims Processing Subsystem
Provider Subsystem
Surveillance and Utilization Review System
Management and Administrative Reporting Subsystem
Reference File Subsystem

- Detailed Requirements Analysis
- Development of Detailed System Specification and Implementation Standards

Chart 1

MMIS INSTALLATION PHASES

- ° Project Management
- ° Agency Review
- ° System Design
- ° System Implementation

Chart 2

A TIME LINE FOR PROGRAM IMPLEMENTATION (OPTIONAL)

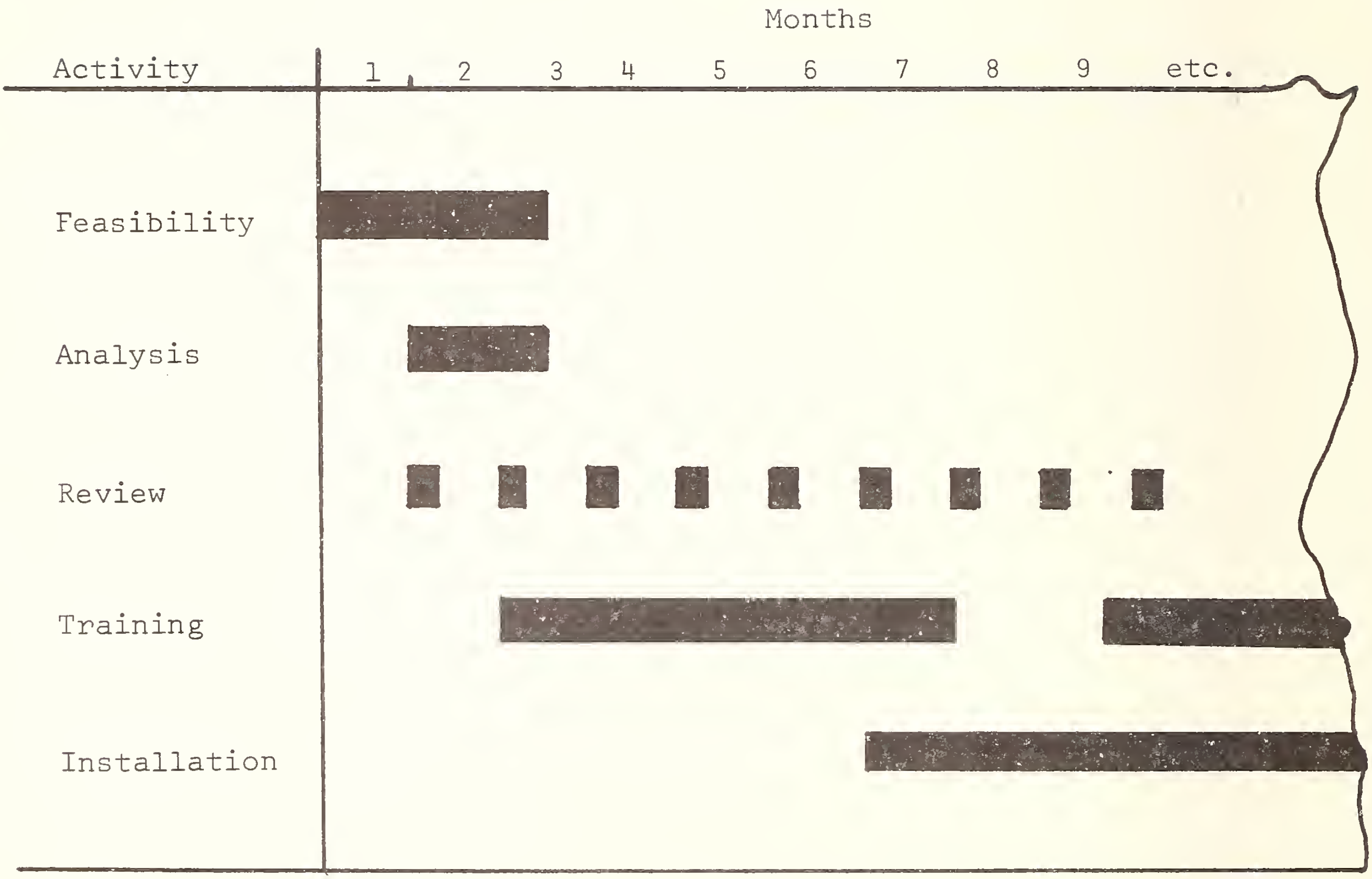


Chart 3

MODULE II.

TRAINING MODULE FOR MMIS PROGRAM MANAGEMENT

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II. TRAINING MODULE FOR MMIS PROGRAM MANAGEMENT

1. Overview

This module is intended for use by the program manager. Its focus will differ from the other five modules because of the role of the program manager. The program manager will have the overall responsibility for general installation as well as the training of MMIS related personnel. Its major purposes are to provide a summary review of MMIS and to provide suggestions and guidance in implementing the training program for MMIS related personnel as part of the total MMIS installation plan. Thus, the information in this module, together with the information in the General Installation Guide, provide a framework for applying the other five modules in the training manual.

Section 2 briefly discusses the training design and implementation related problems that the program manager will address. Section 3 articulates objectives; and Section 4 provides guidance in incorporating the training program, Modules I, III, IV, V, VI, into the specific systems installation plan for a particular state. Section 5 provides a summary of the subsystems operation of MMIS and is intended as a reference for the program manager.

It has been recommended that the State utilize a full-time training coordinator to fulfill MMIS related training functions, and that this trainer be brought into the program at the earliest possible date. It is extremely important at this time for the program manager to review state policies and procedures to assure that these are current. Such a review will preclude numerous problems during the subsequent system implementation.

2. Problems to be Addressed

The program manager will have the ultimate responsibility for the installation of the MMIS, for implementing and operating the program, and for incorporation of the training program for MMIS related personnel. The general problem addressed by this module is that the program manager needs a detailed plan for incorporating the training program into the installation plan.

3. Training Goals and Objectives

The goal of this module is to provide a guide to the program manager for incorporating the training program for MMIS and to alert him to other problems of system integration within the state's Medicaid program. The specific objectives for this module are as follows:

- Ensure that the program manager has a summary/reference knowledge of the subsystem operation of the MMIS.
- Ensure that the program manager has a summary/reference knowledge of the training and orientation modules for other MMIS related personnel.
- Ensure that the program manager is familiar with a suggested guide for incorporating the training program into the systems installation plan for his or her State.

4. Session Development and Format

Once established, the operations of the MMIS directly or indirectly involve the participation of many individuals inside and outside the Title XIX State Agency. Internally, personnel at different management levels and in different organizational elements will participate, both as users or beneficiaries of the system's capabilities and/or as supporters of the system's day-to-day operation.

Top management personnel are concerned with the overall value and effectiveness of the MMIS in serving the public need. Mid-management and program analyst personnel directly utilize system outputs to monitor and control agency operations. Personnel at the operating level are engaged in system support functions, including input document processing, auditing, equipment operation, and output distribution.

The successful operation of the state MMIS is critically dependent upon the quality of the participation of each of these categories of personnel. The quality of their participation is, in turn, dependent upon the training each receives regarding the MMIS and their involvement in the process of change, which accompanies the system implementation. It is hoped that the personnel involved in this change will be involved from the outset. A description of specific orientation and training activities essential to MMIS success and an approach for their accomplishment follows:

a. Schedule of Program Events

The training of each group of MMIS related personnel must be considered an integral part of the overall MMIS installation effort. The logical, chronological sequence of events in the overall MMIS development effort can be summarized as follows:

(1) State Agency Review. The decision to adopt the MMIS is followed by a state agency review of its internal organization, personnel, policies, and procedures to ensure that these elements are properly structured to support the MMIS. The review should result in an organization plan that will become effective upon MMIS installation. A critical activity is a review of policies on provider agreements. The content of the plan serves as an essential source material to be used in preparation of MMIS training materials.

(2) Detail System Design. Subsequently, the major effort of developing the detail system design begins. Design specifications are prepared identifying and describing in detail the system's structure and all of the materials, processes, and standards required by the system. Manual as well as automated processes are designed. The manual-processing flow and the relationship of individual manual-processing steps to specific personnel positions are often included in the system's design documentation. This documentation, like the organization plan mentioned above, is a basic source of instructional material in the MMIS training program. The initiation of the detail system design would be an appropriate point to begin training and orientation to the new policies and procedures for MMIS related personnel in order that they may provide necessary feedback to the system design.

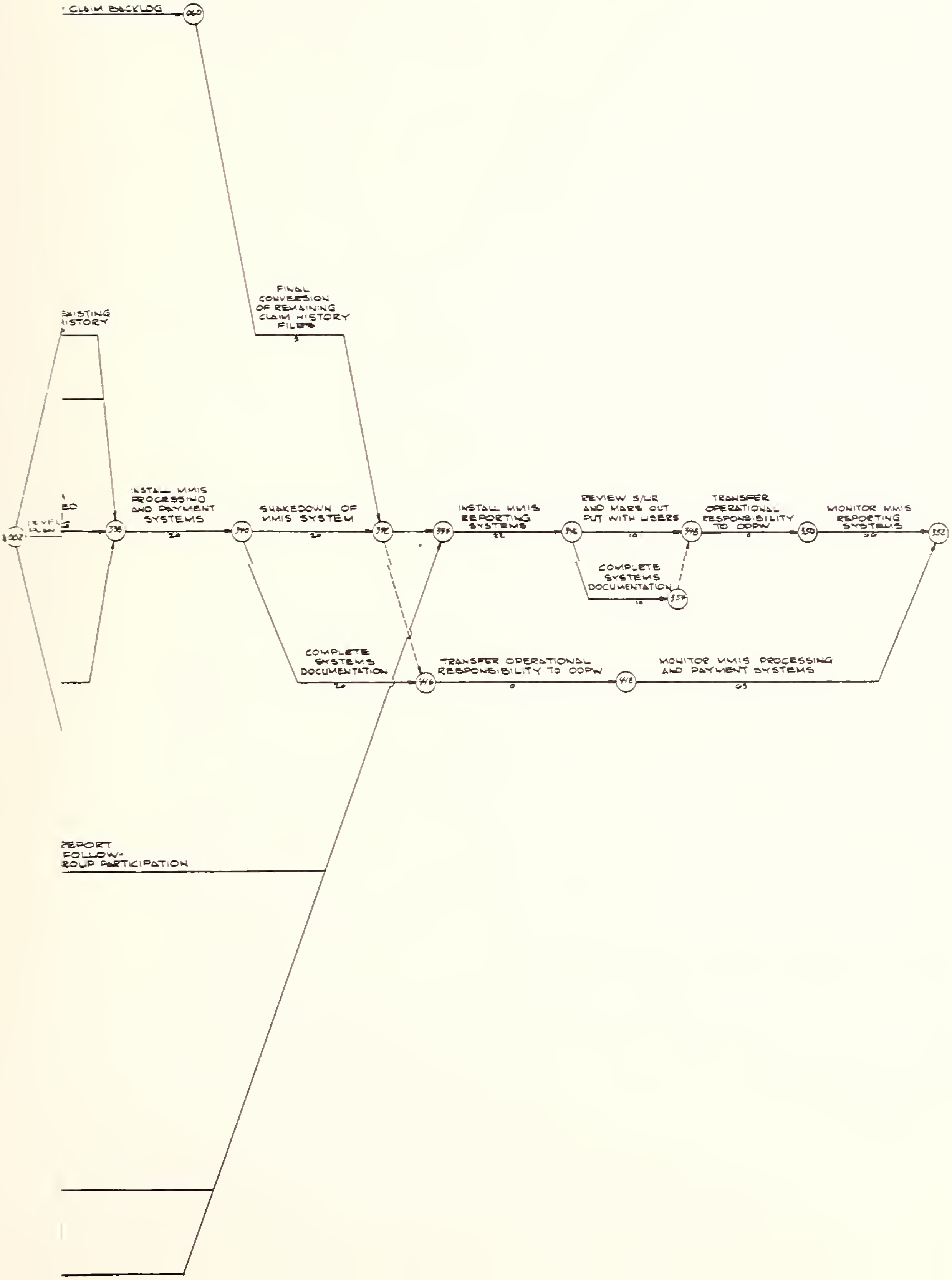
(3) Implementation Plan. During the development of the detail system design, the MMIS implementation plan is started. Elements of design are analyzed to determine the specific tasks that must be performed to implement the system, the estimated effort required to perform each task, the logical relationship and sequence of implementation tasks, and the standards to be used to evaluate the quality of work accomplished in each task. Major tasks that must be planned usually include programming, data collection, data conversion, new forms' production, system documentation, personnel training, system testing, final conversion phase-over, and system

monitoring. Implementation of the MMIS may also involve procurement, installation, testing, and acceptance of computer equipment required to support the MMIS. The proper organization, staffing, and scheduling of these major tasks is critical to the installation of a successful MMIS. The MMIS project network shown in Figure 1 is illustrative of the complexity of the overall MMIS implementation activity. A network diagram of this type is usually developed during the implementation-planning phase. (See Appendix A).

(4) Training and Integrated System Test. Once the implementation plan has been developed and approved, work proceeds on each implementation task in accordance with the schedule established in the plan. A detailed description of every implementation task is beyond the scope of this discussion. However, two tasks, job oriented training and the integrated system test, are of significant importance to the current discussion. The content of these two tasks and their chronological relationship to other implementation activities are outlined in the following paragraphs.

Job training of MMIS related personnel is a key step in the overall MMIS implementation effort. Support personnel (e.g., clerical and data processing staff), user personnel (e.g., agency and state management), and other interfacing persons or organizations (e.g., doctors, hospitals, and other provider categories) require information and instruction relevant to the objectives and benefits of the MMIS and to any specific procedures that may apply to their respective MMIS related roles. Required information and instruction are disseminated through a carefully planned program of orientation and training activities. These activities are an integral part of the system-implementation process, and their scheduling is dependent upon their logical relationship to other implementation events. Generally, detailed training of support personnel should be scheduled to occur after design activities have been completed and detailed manual-processing procedures have been defined, but before integrated system testing begins.

Figure 1. MMIS Project Network


CLAIM BACKLOG
060
EXISTING
ISTORY
FINAL CONVERSION OF REMAINING CLAIM HISTORY FILES
3
ED
LEVEL
302
INSTALL MMIS PROCESSING AND PAYMENT SYSTEMS
338
20
340
SHAKEDOWN OF MMIS SYSTEM
20
342
344
INSTALL MMIS REPORTING SYSTEMS
22
346
REVIEW S/UR AND MARS OUT PUT WITH USERS
10
348
TRANSFER OPERATIONAL RESPONSIBILITY TO OOPW
0
350
MONITOR MMIS REPORTING SYSTEMS
30
352
COMPLETE SYSTEMS DOCUMENTATION
10
354
COMPLETE SYSTEMS DOCUMENTATION
20
446
TRANSFER OPERATIONAL RESPONSIBILITY TO OOPW
0
448
MONITOR MMIS PROCESSING AND PAYMENT SYSTEMS
65
REPORT
FOLLOW-
ROUP PARTICIPATION

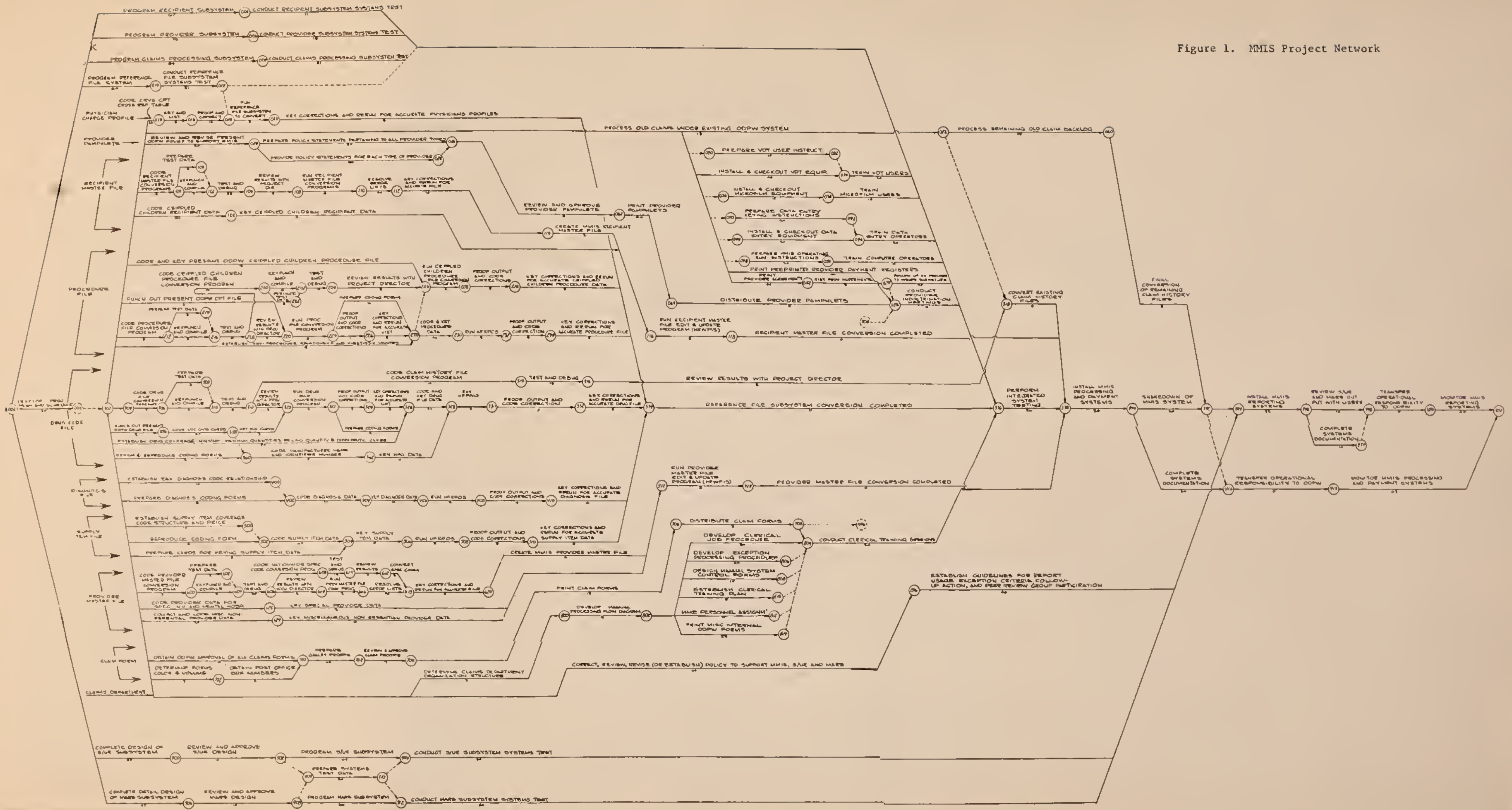

PROGRAM RECIPIENT SUBSYSTEM
CONDUCT RECIPIENT SUBSYSTEM SYSTEMS TEST
PROGRAM PROVIDER SUBSYSTEM
CONDUCT PROVIDER SUBSYSTEM SYSTEMS TEST
PROGRAM CLAIMS PROCESSING SUBSYSTEM
CONDUCT CLAIMS PROCESSING SUBSYSTEM TEST
PROGRAM REFERENCE FILE SYSTEM
CONDUCT REFERENCE FILE SUBSYSTEM SYSTEMS TEST
CODE CRVS CPT CROSS REF TABLE
PHYSICIAN CHARGE PROFILE
KEY AND LIST
PROOF AND CORRECT
RUN REFERENCE FILE SUBSYSTEM TO CONVERT
KEY CORRECTIONS AND RERUN FOR ACCURATE PHYSICIANS PROFILES
PROCESS OLD CLAIMS UNDER EXISTING ODPW SYSTEM
PROCESS REMAINING OLD CLAIM BACKLOG
PROVIDER PAMPHLETS
REVIEW AND REVISE PRESENT ODPW POLICY TO SUPPORT MMIS
PREPARE POLICY STATEMENTS PERTAINING TO ALL PROVIDER TYPES
PROVIDE POLICY STATEMENTS FOR EACH TYPE OF PROVIDER
RECIPIENT MASTER FILE
PREPARE TEST DATA
CODE RECIPIENT MASTER FILE CONVERSION PROGRAMS
KEYPUNCH AND COMPILE
TEST AND DEBUG
REVIEW RESULTS WITH PROJECT DIR
RUN RECIPIENT MASTER FILE CONVERSION PROGRAMS
RESOLVE ERROR LISTS
KEY CORRECTIONS AND RERUN FOR ACCURATE FILE
CODE CRIPPLED CHILDREN RECIPIENT DATA
KEY CRIPPLED CHILDREN RECIPIENT DATA
REVIEW AND APPROVE PROVIDER PAMPHLETS
PRINT PROVIDER PAMPHLETS
CREATE MMIS RECIPIENT MASTER FILE
PREPARE VDT USER INSTRUCT
INSTALL & CHECKOUT VDT EQUIP.
TRAIN VDT USERS
INSTALL & CHECKOUT MICROFILM EQUIPMENT
TRAIN MICROFILM USERS
PREPARE DATA ENTRY KEYING INSTRUCTIONS
INSTALL & CHECKOUT DATA ENTRY EQUIPMENT
TRAIN DATA ENTRY OPERATORS
PREPARE MMIS OPERATING RUN INSTRUCTIONS
TRAIN COMPUTER OPERATORS
PRINT PREPRINTED PROVIDER PAYMENT REGISTERS
PRINT PROVIDER AGREEMENTS
DISTRIBUTE PROVIDER PAMPHLETS
CONDUCT PROVIDER INDOCTRINATION MEETINGS
PROCEDURE FILE
CODE AND KEY PRESENT ODPW CRIPPLED CHILDREN PROCEDURE FILE
CODE CRIPPLED CHILDREN PROCEDURE FILE CONVERSION PROGRAM
KEYPUNCH AND COMPILE
TEST AND DEBUG
PREPARE TEST DATA
REVIEW RESULTS WITH PROJECT DIRECTOR
RUN CRIPPLED CHILDREN PROCEDURE FILE CONVERSION PROGRAM
PROOF OUTPUT AND CODE CORRECTIONS
KEY CORRECTIONS AND RERUN FOR ACCURATE CRIPPLED CHILDREN PROCEDURE DATA
PUNCH OUT PRESENT ODPW CPT FILE
PREPARE TEST DATA
CODE PROCEDURE FILE CONVERSION PROGRAM
KEYPUNCH AND COMPILE
TEST AND DEBUG
REVIEW RESULTS WITH PROJ DIRECTOR
RUN PROC FILE CONVERSION PROGRAM
PREPARE CODING FORMS
PROOF OUTPUT AND CODE CORRECTIONS
KEY CORRECTIONS AND RERUN FOR ACCURATE LIST
CODE & KEY PROCEDURE DATA
RUN AFEPCS
PROOF OUTPUT AND CODE CORRECTION
KEY CORRECTIONS AND RERUN FOR ACCURATE PROCEDURE FILE
RUN RECIPIENT MASTER FILE EDIT & UPDATE PROGRAM (HRWPIS)
RECIPIENT MASTER FILE CONVERSION COMPLETED
CONVERT EXISTING CLAIM HISTORY FILES
FINAL CONVERSION OF REMAINING CLAIM HISTORY FILES
DRUG CODE FILE
PREPARE TEST DATA
CODE DRUG FILE CONVERSION PROGRAM
KEYPUNCH AND COMPILE
TEST AND DEBUG
REVIEW RESULTS WITH PROJ DIRECTOR
RUN DRUG FILE CONVERSION PROGRAM
PROOF OUTPUT AND CODE CORRECTIONS
KEY CORRECTIONS AND RERUN FOR ACCURATE LIST
CODE AND KEY DRUG FILE DATA
RUN HFEPDS
PROOF OUTPUT AND CODE CORRECTION
KEY CORRECTIONS AND RERUN FOR ACCURATE DRUG FILE
CODE CLAIM HISTORY FILE CONVERSION PROGRAM
TEST AND DEBUG
REVIEW RESULTS WITH PROJECT DIRECTOR
REFERENCE FILE SUBSYSTEM CONVERSION COMPLETED
PUNCH OUT PRESENT ODPW DRUG FILE
KEY NDC CARDS
PREPARE CODING FORMS
ESTABLISH DRUG COVERAGE, MINIMUM, MAXIMUM QUANTITIES, PRICING QUANTITY & THERAPEUTIC CLASS
CODE MANUFACTURER NAME AND IDENTIFIER NUMBER
KEY MFG DATA
DIAGNOSIS FILE
ESTABLISH KEY DIAGNOSIS CODE RELATIONSHIP
PREPARE DIAGNOSIS CODING FORMS
CODE DIAGNOSIS DATA
KEY DIAGNOSIS DATA
RUN HFEPDS
PROOF OUTPUT AND CODE CORRECTIONS
KEY CORRECTIONS AND RERUN FOR ACCURATE DIAGNOSIS FILE
SUPPLY ITEM FILE
ESTABLISH SUPPLY ITEM COVERAGE CODE STRUCTURE AND PRICE
REPRODUCE CODING FORM
CODE SUPPLY ITEM DATA
KEY SUPPLY ITEM DATA
RUN HFEPDS
PROOF OUTPUT AND CODE CORRECTIONS
KEY CORRECTIONS AND RERUN FOR ACCURATE SUPPLY ITEM DATA
PREPARE CARDS FOR KEYING SUPPLY ITEM DATA
CREATE MMIS PROVIDER MASTER FILE
PROVIDER MASTER FILE
PREPARE TEST DATA
CODE PROVIDER MASTER FILE CONVERSION PROGRAM
KEYPUNCH AND COMPILE
TEST AND DEBUG
CODE NATIONWIDE SPEC CODE CONVERSION PROG
REVIEW RESULTS WITH PROJ DIRECTOR
TEST AND DEBUG
RUN PROV MASTER FILE CONV PROG
REVIEW RESULTS
CONVERT SPEC CODES
RESOLVE ERROR LISTS
KEY CORRECTIONS AND RERUN FOR ACCURATE FILE
CODE PROVIDER DATA FOR SPEC. NH AND MENTAL HOSP
KEY SPECIAL PROVIDER DATA
COLLECT AND CODE MISC NON-ESSENTIAL PROVIDER DATA
KEY MISCELLANEOUS NON ESSENTIAL PROVIDER DATA
RUN PROVIDER MASTER FILE EDIT & UPDATE PROGRAM (HPWPIS)
PROVIDER MASTER FILE CONVERSION COMPLETED
PRINT CLAIM FORMS
DISTRIBUTE CLAIM FORMS
DEVELOP CLERICAL JOB PROCEDURE
CONDUCT CLERICAL TRAINING SESSIONS
DEVELOP EXCEPTION PROCESSING PROCEDURE
DESIGN MANUAL SYSTEM CONTROL FORMS
ESTABLISH CLERICAL TRAINING PLAN
DEVELOP MANUAL PROCESSING FLOW DIAGRAM
MAKE PERSONNEL ASSIGNM'
PRINT MISC INTERNAL ODPW FORMS
CLAIM FORM
OBTAIN ODPW APPROVAL OF ALL CLAIMS FORMS
PREPARE GALLEY PROOFS
REVIEW & APPROVE CLAIM PROOFS
DETERMINE FORMS COLOR & VOLUME
OBTAIN POST OFFICE BOX NUMBERS
CLAIMS DEPARTMENT
DETERMINE CLAIMS DEPARTMENT ORGANIZATION STRUCTURE
CORRECT, REVIEW, REVISE (OR ESTABLISH) POLICY TO SUPPORT MMIS, S/UR AND MARS
ESTABLISH GUIDELINES FOR REPORT USAGE, EXCEPTION CRITERIA FOLLOW-UP ACTION, AND PEER REVIEW GROUP PARTICIPATION
PERFORM INTEGRATED SYSTEM TESTING
INSTALL MMIS PROCESSING AND PAYMENT SYSTEMS
SHAKEDOWN OF MMIS SYSTEM
COMPLETE SYSTEMS DOCUMENTATION
INSTALL MMIS REPORTING SYSTEMS
REVIEW S/UR AND MARS OUTPUT WITH USERS
COMPLETE SYSTEMS DOCUMENTATION
TRANSFER OPERATIONAL RESPONSIBILITY TO ODPW
MONITOR MMIS REPORTING SYSTEMS
TRANSFER OPERATIONAL RESPONSIBILITY TO ODPW
MONITOR MMIS PROCESSING AND PAYMENT SYSTEMS
COMPLETE DESIGN OF S/UR SUBSYSTEM
REVIEW AND APPROVE S/UR DESIGN
PROGRAM S/UR SUBSYSTEM
CONDUCT S/UR SUBSYSTEM SYSTEMS TEST
PREPARE SYSTEMS TEST DATA
COMPLETE DETAIL DESIGN OF MARS SUBSYSTEM
REVIEW AND APPROVE MARS DESIGN
PROGRAM MARS SUBSYSTEM
CONDUCT MARS SUBSYSTEM SYSTEMS TEST

Figure 1. MMIS Project Network

Provider categories should receive instruction pertaining to their respective procedures for interacting with the Medicaid agency sufficiently in advance of system operations to permit them to prepare themselves and their staff personnel for the change-over and to allow valid provider suggestions to be incorporated, but not so early as to risk dissemination of information or instructions that may be invalidated by later design modifications. Finally, user orientation to the new system may be scheduled relatively late in the MMIS installation period, but soon enough to ensure that optimum use is made of system outputs immediately upon initiation of MMIS operations.

As each component of the MMIS is developed, it is tested to ensure that its performance is commensurate with the standards established in the detail system design specification. Individual programs are tested as units; then related programs are grouped and tested as subsystems; and finally, all system components are tested as a completely integrated MMIS. An essential element in the integrated system test is the checkout of MMIS manual operations. This activity verifies the adequacy of MMIS manual processing procedures and the readiness of system personnel, primarily, or clerical personnel, to perform these procedures. It is a test, therefore, of both the procedures' adequacy and performance.

The manual procedures checkout should be conducted with a comprehensive set of test claims representative of as many different conditions as possible. The checkout should also be conducted with as full a complement of clerical personnel as practical, and in an environment closely approximating actual operations. Obviously, the integrated system test must be preceded by the training of system personnel; consequently, the MMIS training schedule should be coordinated with the system test plan.

b. Introduction of MMIS to Medicaid Staff

General. A significant factor in determining how smoothly the MMIS installation takes place and how efficiently it will operate is the thoroughness of the state agency training program. Preparing all the various personnel involved in MMIS operations is a task of considerable magnitude. This section presents the objectives of the training program and outlines an approach for accomplishing these goals.

State Agency MMIS Training Objectives. The general objective of the state agency MMIS training program is to develop and maintain a level of competence in all MMIS related personnel to ensure the successful installation and continuing operation of the system. This general objective can be expanded and expressed in terms of the specific categories of personnel who have MMIS related roles and the identification of the knowledge and skills each must have to competently act in those roles. These personnel categories constitute the target audiences of the overall state agency training program. Descriptions of the target audiences and their respective roles follow:

(1) Executive Policy and Decision Makers. Policy makers at the state administration level bear the overall responsibility for the administration of state welfare programs. Their concern for the Title XIX State Agency and the MMIS focuses on the effectiveness of the agency and the system in meeting the public need. As the ultimate recipients of management information, as generated by the MMIS through presentations and other communications from agency representatives, executives should understand the agency operation and the significance of the MMIS.

(2) Program and Supervisory Management. The program manager and key supervisory personnel in Title XIX State Agency direct and control the operation of the MMIS and are direct users of the system's products. As such, they must be both involved and committed supporters and users of the system. As supporters, they ensure the effective operation of the system by selecting, training, organizing, and managing system support

personnel who directly perform the manual functions essential to MMIS operation. As users, program managers and supervisors are recipients of system outputs including data generated by The Surveillance and Utilization Review (SUR) Subsystem and the Management and Administrative Reporting Subsystem (MARS). These system generated reports must be clearly understood by the program manager and supervisor if successful program operation is to be achieved.

(3) Clerical Personnel. The clerical personnel are those agency employees whose duties include MMIS input data preparation and other system related manual activities. The manual functions of the system's clerical staff interface directly with the automated functions of the MMIS, and it is this group of personnel, more than any other, upon which the day-to-day operation of the MMIS depends. It is important that MMIS clerical personnel understand the overall purpose of the MMIS as well as the specific skills required to perform individual duties.

(4) Financial Personnel. Financial personnel are responsible for collecting and summarizing financial data to permit effective cost control in the Title XIX State Agency. In order to perform successfully, financial personnel should have a sound understanding of the overall purpose and operations of the MMIS, the nature and basis for financial input data, processing system, and the meaning and application of MMIS financial reports.

(5) Data Processing Personnel. Data processing personnel are those state employees who work in the computer facility which supports the MMIS. Their duties include operation of the computer and the control and processing of system inputs and outputs. Often, their services are performed for several organizations, and they are not dedicated solely to the MMIS. In addition to knowing general operational procedures, data processing personnel must understand the overall purposes and operation of the MMIS and its specific requirements for input conversion, control, processing, etc.

(6) Medical Service Providers. Providers include all persons who give services in accordance with the state plan. These include physicians, pharmacists, hospitals, ambulance services, clinics, and other individuals and organizations eligible to provide services and submit claims for Medicaid payments. The timely payment of valid claims to providers is a major objective of the MMIS. The success of the system in meeting this objective is dependent upon the degree to which providers understand the MMIS and, specifically those procedures applicable to claims submissions and other interactions with the Medicaid agency.

c. Staffing Patterns

Various staffing patterns may be utilized to implement the MMIS at the state level. The program manager must assure that a project director within Medicaid has the responsibility for the MMIS design and implementation. The project director will serve as the primary point of interface between the contractor and the state agency at the program management level. The project director's efforts will ordinarily be completely consumed with the technical detail of the system operation, assuring that the information system runs smoothly. The program manager must assure that he, the project director and other key members of his staff, can identify implications of changes in processes and procedures for clerks, providers, recipients, and others. He must also assure that operational modifications and training are provided to accomodate such change. A key staff member in this process is the training coordinator.

The training coordinator is a vital member of the MMIS implementation team. He should be knowledgeable in all aspects of the MMIS concept, its objectives, and its design. He should understand the outputs of the system and their uses, particularly the manual processing flow; and he should be familiar with documentation pertaining to specific manual procedures. The training coordinator should be a senior staff member, capable of interacting directly with state agency top management, as well as with supervisory operational personnel.

Specific functions of the training coordinator are to:

- Develop, jointly with the project manager, the detailed MMIS training plan based on the general training plan formulated at the project management level. The training coordinator may have participated in the formulation of the general plan.
- Identify and define the training requirements for each category of personnel.
- Establish a schedule for specific training activities and coordinate the schedule with appropriate management and supervisory personnel, as required.
- Coordinate the preparation of specific instructional material using subordinate personnel, other agency personnel, or contractor personnel, as appropriate.
- Conduct training activities.
- Evaluate training results and plan any additional training activities that may be required.

d. Training Programs

Modules III, IV, V and VI in this training manual contain model training program materials for state MMIS support personnel and medical services providers. The purpose of each model training program is to provide state training coordinators or training instructors with training objectives information, guidance, and sample materials to assist them in developing and conducting appropriate training for MMIS personnel in their states. Each of the modules is a self-contained unit that can be used without reference to other materials in the manual. This permits separate modules to be removed from the manual for use by individual instructors. A summary of the contents of each module follows:

- Clerical Personnel Training Program (Module III). This module contains information, guidance, and sample materials for a training program appropriate for currently employed clerical personnel and new staff anticipating assignment to positions supporting the MMIS. It outlines the contents for a lecture/discussion and workshop activity to be used as a primary means of training clerical personnel. Guidance pertaining to the development of the Clerical Job Procedures Manual is also included.

- Financial Personnel Training Program (Module IV). This module is intended to provide an overview of the MMIS for financial personnel involved with Medicaid payments. It emphasizes use of financial reports, as well as the support functions performed by financial personnel.

- Data Processing Personnel Training Program (Module V). This module is designed to provide an overview of the MMIS with emphasis on the interrelationships between automated and non-automated elements of the system. The module contains information, guidance, and sample training material appropriate to the training requirements of this category of personnel. The program identifies and explains the use of contractor provided services and documentation relevant to MMIS data processing training and operations.

- Provider Indoctrination Program (Module VI). This module contains guidelines and sample materials for an indoctrination program appropriate for providers of medical services. It features an outline of a briefing designed for presentation to provider groups explaining the new system and covering other items of interest to specific provider categories. Also presented is a design for booklets to be used for dissemination of MMIS information to individual providers in the State.

5. Proposed Contents

The following review paper on the origin and nature of the MMIS can be utilized by the program manager for familiarizing personnel with the background and structure of the MMIS.

MMIS Overview

The Medicaid Program was enacted in 1965 under Title XIX of the Social Security Act. Since that time, the program has been marked by rapid growth, not only in terms of its geographical coverage, but in its total annual expenditures of combined federal-state Medicaid funds. In the past six years, expenditures have increased from $1.7 billion to over $6 billion in Fiscal Year 1971.

Concern over rapidly rising Medicaid costs and inflation in the health field, led to the establishment of a Task Force for Medicaid and Related Programs in 1969 to examine the deficiencies of these programs and make recommendations to the Secretary of the Department of Health, Education, and Welfare. The Task Force submitted its final recommendations in June 1970. One result was the organization of Management Systems Division (MSD) within the Medical Services Administration (MSA), Social and Rehabilitative Services (SRS). The MSD was charged with the design and delivery of a model information system for each State to improve the capability of the State to manage and control its Title XIX program.

Following a study of the requirements of the Title XIX agency in several of the States, a model system design concept was formulated, and a general system design specification for the MMIS prepared. The general system design of the model MMIS provides a basis for the development of a detailed system design in each State.

The overall objective of the Medicaid Management Information System in a State is to improve the capability of the Title XIX State Agency to administer its Medicaid Program more efficiently and effectively. To accomplish this, major attention must be focused on claims and provide for a collection of the necessary information for proper planning and control of the Medicaid Program.

Structure. The MMIS consists of six integrated subsystems:

- Recipient Subsystem
- Provider Subsystem
- Claims' Processing Subsystem

- Reference File Subsystem
- Surveillance and Utilization Review Subsystem
- Management and Administrative Reporting Subsystem

The Recipient, Provider, Reference File, and Claims' Processing Subsystems function as an integrated unit to process and pay each eligible provider for all valid claims of any eligible recipient. The Surveillance and Utilization Review (SUR) Subsystem consolidates, organizes, and reports selected data to reveal and facilitate investigation of potential misutilization or abuse of Medicaid. It also establishes statistical profiles of health care delivery and utilization patterns to support the continuing agency requirement to monitor and improve the quality of service provided under the Medicaid program. The Management and Administrative Reporting Subsystem consolidates and organizes management information into a series of reports designed to meet the requirements of those individuals responsible for administration of Title XIX programs.

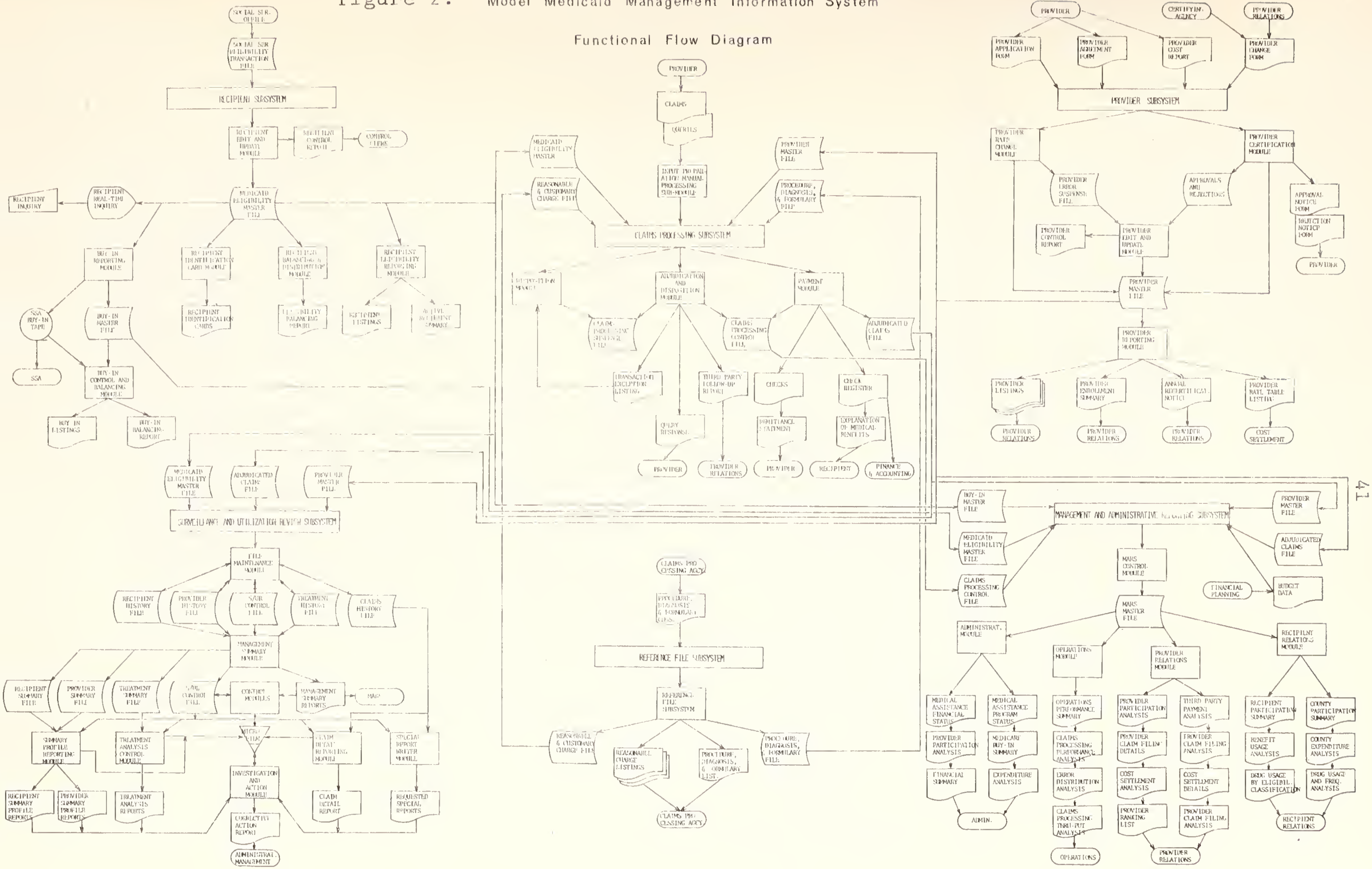
The overall flow of information through the MMIS subsystems is pictured in Figure 2. Subsequent paragraphs summarize the functions of each subsystem. For more detailed information, see Medicaid Management Information System General Systems Design documentation or equivalent state MMIS design documentation.

Summary of MMIS Recipient Subsystem Functions. The principal functions of the recipient subsystem are to:

- Maintain identification of all recipients eligible for Medicaid.
- Provide the mechanism for frequent and timely updates to all recipient eligibility files.
- Exercise control over data pertaining to recipient eligibility, including Medicare Part B Buy-in processing.
- Provide a computer file of all eligible recipients to support claims processing, Surveillance and Utilization Review activities, and Management Reporting.

Figure 2. Model Medicaid Management Information System

Functional Flow Diagram


SOCIAL SER. OFFICE
SOCIAL SER ELIGIBILITY TRANSACTION FILE
RECIPIENT SUBSYSTEM
RECIPIENT EDIT AND UPDATE MODULE
RECIPIENT CONTROL REPORT
CONTROL CLERK
MEDICAID ELIGIBILITY MASTER FILE
RECIPIENT REAL-TIME INQUIRY
RECIPIENT INQUIRY
BUY-IN REPORTING MODULE
RECIPIENT IDENTIFICATION CARD MODULE
RECIPIENT BALANCING & DISTRIBUTION MODULE
RECIPIENT ELIGIBILITY REPORTING MODULE
SSA BUY-IN TAPE
BUY-IN MASTER FILE
RECIPIENT IDENTIFICATION CARDS
ELIGIBILITY BALANCING REPORT
RECIPIENT LISTINGS
ACTIVE RECIPIENT SUMMARY
SSA
BUY-IN CONTROL AND BALANCING MODULE
BUY IN LISTINGS
BUY-IN BALANCING REPORT
PROVIDER
CLAIMS
QUERIES
MEDICAID ELIGIBILITY MASTER
REASONABLE & CUSTOMARY CHARGE FILE
INPUT PREPARATION MANUAL PROCESSING SUB-MODULE
PROVIDER MASTER FILE
PROCEDURE, DIAGNOSIS, & FORMULARY FILE
CLAIMS PROCESSING SUBSYSTEM
DISPOSITION MODULE
ADJUDICATION AND DISPOSITION MODULE
PAYMENT MODULE
CLAIMS PROCESSING SUSPENSE FILE
CLAIMS PROCESSING CONTROL FILE
ADJUDICATED CLAIMS FILE
TRANSACTION EXCEPTION LISTING
THIRD PARTY FOLLOW-UP REPORT
CHECKS
CHECK REGISTER
QUERY RESPONSE
REMITTANCE STATEMENT
EXPLANATION OF MEDICAL BENEFITS
PROVIDER
PROVIDER RELATIONS
PROVIDER
RECIPIENT
FINANCE & ACCOUNTING
PROVIDER
CERTIFYING AGENCY
PROVIDER RELATIONS
PROVIDER APPLICATION FORM
PROVIDER AGREEMENT FORM
PROVIDER COST REPORT
PROVIDER CHANGE FORM
PROVIDER SUBSYSTEM
PROVIDER RATE CHANGE MODULE
PROVIDER CERTIFICATION MODULE
PROVIDER ERROR SUSPENSE FILE
APPROVALS AND REJECTIONS
APPROVAL NOTICE FORM
REJECTION NOTICE FORM
PROVIDER
PROVIDER CONTROL REPORT
PROVIDER EDIT AND UPDATE MODULE
PROVIDER MASTER FILE
PROVIDER REPORTING MODULE
PROVIDER LISTINGS
PROVIDER ENROLLMENT SUMMARY
ANNUAL RECERTIFICATION NOTICE
PROVIDER RATE TABLE LISTING
PROVIDER RELATIONS
PROVIDER RELATIONS
PROVIDER RELATIONS
COST SETTLEMENT
MEDICAID ELIGIBILITY MASTER FILE
ADJUDICATED CLAIM FILE
PROVIDER MASTER FILE
SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM
FILE MAINTENANCE MODULE
RECIPIENT HISTORY FILE
PROVIDER HISTORY FILE
S/UR CONTROL FILE
TREATMENT HISTORY FILE
CLAIMS HISTORY FILE
MANAGEMENT SUMMARY MODULE
RECIPIENT SUMMARY FILE
PROVIDER SUMMARY FILE
TREATMENT SUMMARY FILE
S/UR CONTROL FILE
CONTROL MODULES
MANAGEMENT SUMMARY REPORTS
MAP
SUMMARY PROFILE REPORTING MODULE
TREATMENT ANALYSIS CONTROL MODULE
MICRO FILM
CLAIM DETAIL REPORTING MODULE
SPECIAL REPORT WRITER MODULE
RECIPIENT SUMMARY PROFILE REPORTS
PROVIDER SUMMARY PROFILE REPORTS
TREATMENT ANALYSIS REPORTS
INVESTIGATION AND ACTION MODULE
CLAIM DETAIL REPORT
REQUESTED SPECIAL REPORTS
CORRECTIVE ACTION REPORT
ADMINISTRAT. MANAGEMENT
CLAIMS PROCESSING AGCY
PROCEDURE, DIAGNOSIS & FORMULARY CHGS.
REFERENCE FILE SUBSYSTEM
REFERENCE FILE SUBSYSTEM
REASONABLE & CUSTOMARY CHARGE FILE
REASONABLE CHARGE LISTINGS
PROCEDURE, DIAGNOSIS, & FORMULARY LIST.
PROCEDURE, DIAGNOSIS, & FORMULARY FILE
CLAIMS PROCESSING AGCY
BUY-IN MASTER FILE
MANAGEMENT AND ADMINISTRATIVE REPORTING SUBSYSTEM
PROVIDER MASTER FILE
MEDICAID ELIGIBILITY MASTER FILE
ADJUDICATED CLAIMS FILE
CLAIMS PROCESSING CONTROL FILE
MARS CONTROL MODULE
FINANCIAL PLANNING
BUDGET DATA
MARS MASTER FILE
ADMINISTRAT. MODULE
OPERATIONS MODULE
PROVIDER RELATIONS MODULE
RECIPIENT RELATIONS MODULE
MEDICAL ASSISTANCE FINANCIAL STATUS
MEDICAL ASSISTANCE PROGRAM STATUS
OPERATIONS PERFORMANCE SUMMARY
PROVIDER PARTICIPATION ANALYSIS
THIRD PARTY PAYMENT ANALYSIS
RECIPIENT PARTICIPATION SUMMARY
COUNTY PARTICIPATION SUMMARY
PROVIDER PARTICIPATION ANALYSIS
MEDICARE BUY-IN SUMMARY
CLAIMS PROCESSING PERFORMANCE ANALYSIS
PROVIDER CLAIM FILING DETAILS
PROVIDER CLAIM FILING ANALYSIS
BENEFIT USAGE ANALYSIS
COUNTY EXPENDITURE ANALYSIS
FINANCIAL SUMMARY
EXPENDITURE ANALYSIS
ERROR DISTRIBUTION ANALYSIS
COST SETTLEMENT ANALYSIS
COST SETTLEMENT DETAILS
DRUG USAGE BY ELIGIBIL. CLASSIFICATION
DRUG USAGE AND FREQ. ANALYSIS
ADMIN.
CLAIMS PROCESSING THRU-PUT ANALYSIS
PROVIDER RANKING LIST
PROVIDER CLAIM FILING ANALYSIS
RECIPIENT RELATIONS
OPERATIONS
PROVIDER RELATIONS

Summary of MMIS Provider Subsystem Functions. The principal functions of the Provider Subsystem are to:

- Process and enroll providers in the Medicaid program upon their agreement to comply with Title XIX rules and regulations.
- Ensure that only qualified providers are paid by Title XIX for services rendered.
- Create and maintain a computer file of all eligible providers to support claims processing, Surveillance and Utilization Review activities, and Management Reporting.

Summary of MMIS Claims Processing Subsystem Functions. The principal functions performed by the claims processing subsystem are to:

- Ensure that all claims and related transactions are accurately entered into the system at the earliest possible time.
- Establish strict system controls to ensure that all transactions are processed completely and promptly and that all claim discrepancies are resolved expeditiously.
- Verify the eligibility of both the recipient and the providers.
- Reject claims that do not meet control specifications for "reasonableness" of information.
- Ensure that correct payment is made to providers on a timely basis.
- Create a computer file of adjudicated claims to support Surveillance and Utilization Review activities and Management Reporting.

Summary of MMIS Reference File Subsystem Functions. The principal functions of the reference file subsystem are to:

- Provide a generalized update facility for various reference files (e.g., procedures, diagnosis, formulary files) used in claims' processing.

- Provide practitioners' usual and customary charge data.

- Generate various listing of data pertaining to suspended claims.

Summary of MMIS Surveillance and Utilization Review Subsystem Functions. The principal functions of the Surveillance and Utilization Review Subsystem (SUR) are to:

- Develop a comprehensive statistical profile of health care delivery and utilization patterns.

- Reveal suspected instances of fraud or abuse of the Medicaid program by individual patterns.

- Provide information indicating the existance of any potential defects in the level of care or quality of service provided under the Medicaid program.

Summary of MMIS Management and Administration Reporting. The principal functions of the Management and Administrative Reporting Subsystem are to:

- Furnish the state agency with information to support the management review, evaluation, and planning/decision making process.

- Provide management with financial data for proper fiscal planning and control.

- Provide management with information to assist in the development of improved medical assistance program policies and regulations.

- Monitor the progress of claims processing operations, including the status of provider payments.

- Analyze provider performance in terms of the extent and adequacy of participation.

- Provide the necessary data to support federal reporting requirements.

MODULE III.

TRAINING MODULE FOR MMIS CLERICAL PERSONNEL

LIST OF FIGURES

LIST OF FIGURES (con't.)

III. TRAINING MODULE FOR MMIS CLERICAL PERSONNEL

1. Overview

The Medicaid Management Information System provides for the utilization of a computerized system to accomplish monitoring and management functions currently performed on a manual basis in some States. The utilization of a conceptual, mechanical system does not, however, eliminate the need for a great deal of human effort in the installation and operation of the system. The training of new personnel and the reorientation of existing personnel to their roles and functions under the MMIS system is vital. Clerical, financial, and data processing personnel must be thoroughly prepared for the new system, or the system will fall short of its objectives.

The general goal of this module is to assist the state MMIS training coordinator in developing and implementing a training program for MMIS clerical personnel and their supervisors. The model clerical training program and sample instructional materials presented in Section 3 are in outline form only, and are based on the General Systems' Design of the model MMIS developed by the U.S. Department of Health, Education, and Welfare in 1971. The applicability of these materials to the clerical training activity in each State will be largely dependent upon the degree to which the actual design of the state MMIS matches that of the model. Clerical personnel structures and specific clerical procedures can be expected to vary from State to State. It is suggested that the training coordinator review Section 4 to compare the suggested training outline against the actual training requirements in his State; modify these materials, as required; and develop detailed instructional material appropriate for the particular clerical procedures that are to be used in his State.

The identification of specific training requirements for a large number of clerical personnel can be a difficult task. It is suggested that the trainer may follow the processes prescribed in Sections 1 and 2 to develop a general view of the training requirements.

In addition, an examination of the job descriptions under the MMIS for clerical personnel should be made. Training requirements may then be developed.

2. Problems to be Addressed

The general problem of training of clerical personnel assigned to carry out certain functions within the MMIS may be stated as follows:

- Clerical personnel need to know of the manual activities required to operate the MMIS.
- Clerical personnel must understand the relationship between manual and mechanical functions.
- Clerical personnel must understand the relationships between the subsystem of the MMIS and the role of clerical functions in the system.
- Clerical personnel under the MMIS may lack the requisite skills and/or experience to perform the clerical functions of the subsystem.

3. Training Goals and Objectives

The general goal of the clerical training module is to familiarize the clerical staff with the operation of the MMIS and prepare them to begin work under the system. Specifically, the objectives of this training are to:

- Ensure that the clerical staff understands MMIS and its functional relationship to the current system.
- Ensure that the clerical staff understands how to use the *MMIS Clerical Job Procedures Manual*.
- Provide clerical personnel practice in the use of the *MMIS Clerical Job Procedures Manual*.

4. Session Development and Format

This section presents guidance for developing the clerical training program to ensure that a competent staff is ready when MMIS operations are scheduled to begin. The discussion focuses primarily on preliminary activities in the claims' processing area, which constitutes the largest part of clerical activities within the MMIS. Guidance is applicable however, to all the MMIS clerical functions and the MMIS training coordinator should make certain that every clerical position in the state agency is considered during development of the clerical training program.

a. Prerequisite Activities

Before the development of the clerical training program can begin, the design and development of the MMIS must have proceeded to such a point that the activities described below have been accomplished. In most States, these activities will be the responsibility of the program manager or the system contractor.

- Agency Organization. The decision to implement the MMIS in any State must involve the agency personnel in the planning of the change process if it is to be effective. The decision must be followed by an effort on the part of the state agency to review its internal organization and personnel functions to make sure that these elements are properly structured to support the MMIS. The review should result in a recommended reorganization plan that will become effective as the MMIS becomes operational. The reorganization will require substantial changes in the structure and functions of clerical positions. Prior to developing the clerical training program, the training coordinator must ensure that the new organizational structure of the state agency has been formulated and that he has complete information pertaining to related clerical personnel structure since understanding the effect the reorganization will have on individuals personally will provide a key stimulus for training.

- Manual Processing Procedures. Development of the MMIS clerical training program is also dependent upon the prior definition of MMIS manual processing procedures. This information is generally contained in system design documentation provided by the contractor. At a minimum, this documentation should include a set of manual processing flow diagrams with accompanying narrative describing the manual steps required to process information through the MMIS. Sample diagrams and narrative are shown in Figure 1 through 6 on the following pages.

Figure 1. Processing Flowchart

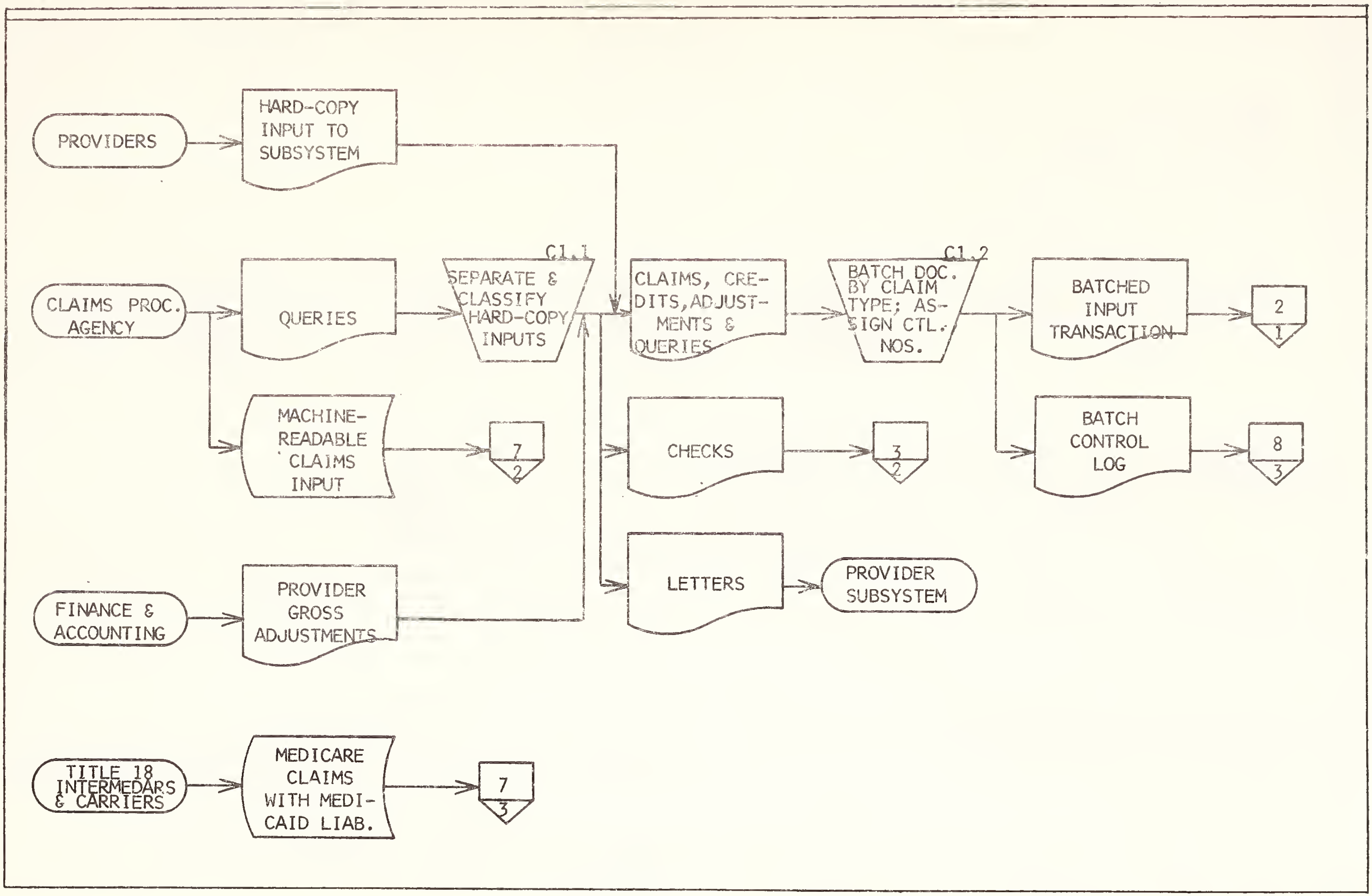

PROVIDERS
HARD-COPY INPUT TO SUBSYSTEM
CLAIMS PROC. AGENCY
QUERIES
MACHINE-READABLE CLAIMS INPUT
7
2
C1.1
SEPARATE & CLASSIFY HARD-COPY INPUTS
FINANCE & ACCOUNTING
PROVIDER GROSS ADJUSTMENTS
TITLE 18 INTERMEDARS & CARRIERS
MEDICARE CLAIMS WITH MEDI-CAID LIAB.
7
3
CLAIMS, CRE-DITS, ADJUST-MENTS & QUERIES
CHECKS
3
2
LETTERS
PROVIDER SUBSYSTEM
C1.2
BATCH DOC. BY CLAIM TYPE; AS-SIGN CTL. NOS.
BATCHED INPUT TRANSACTION
2
1
BATCH CONTROL LOG
8
3

Figure 2.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM CLAIMS PROCESSING SUBSYSTEM - INPUT PREPARATION MODULE

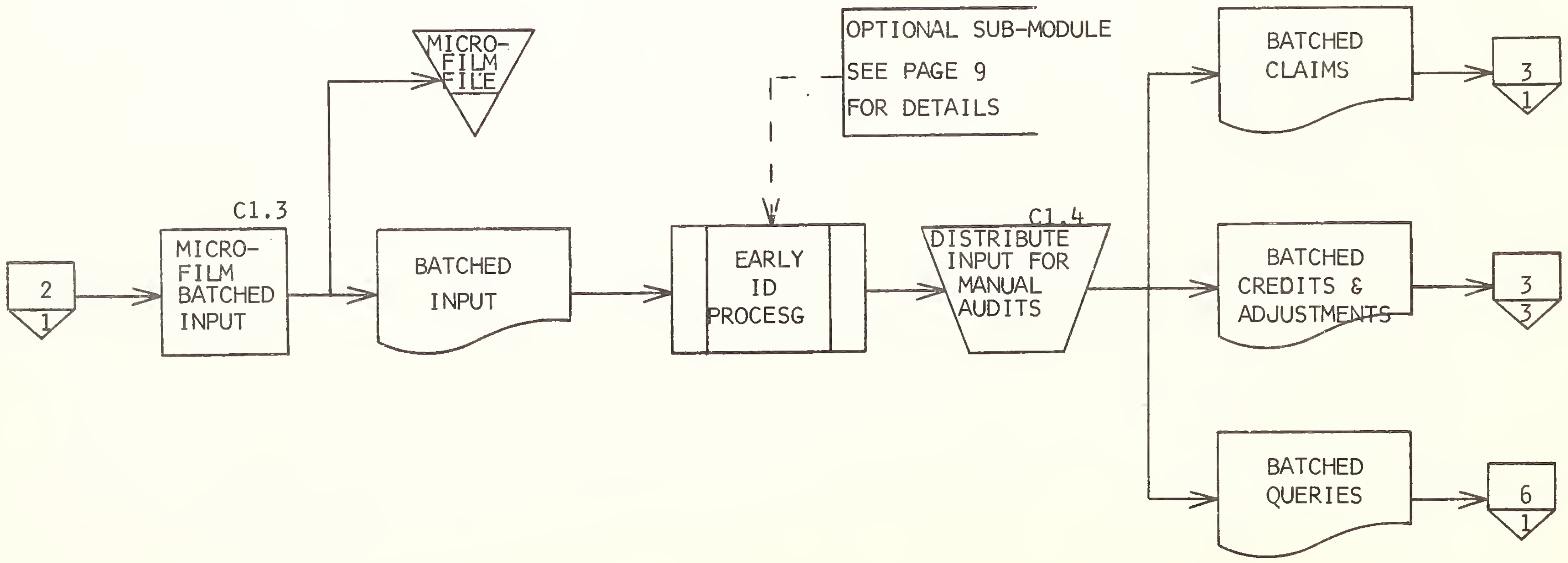


Figure 3.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM CLAIMS PROCESSING SUBSYSTEM - INPUT PREPARATION MODULE

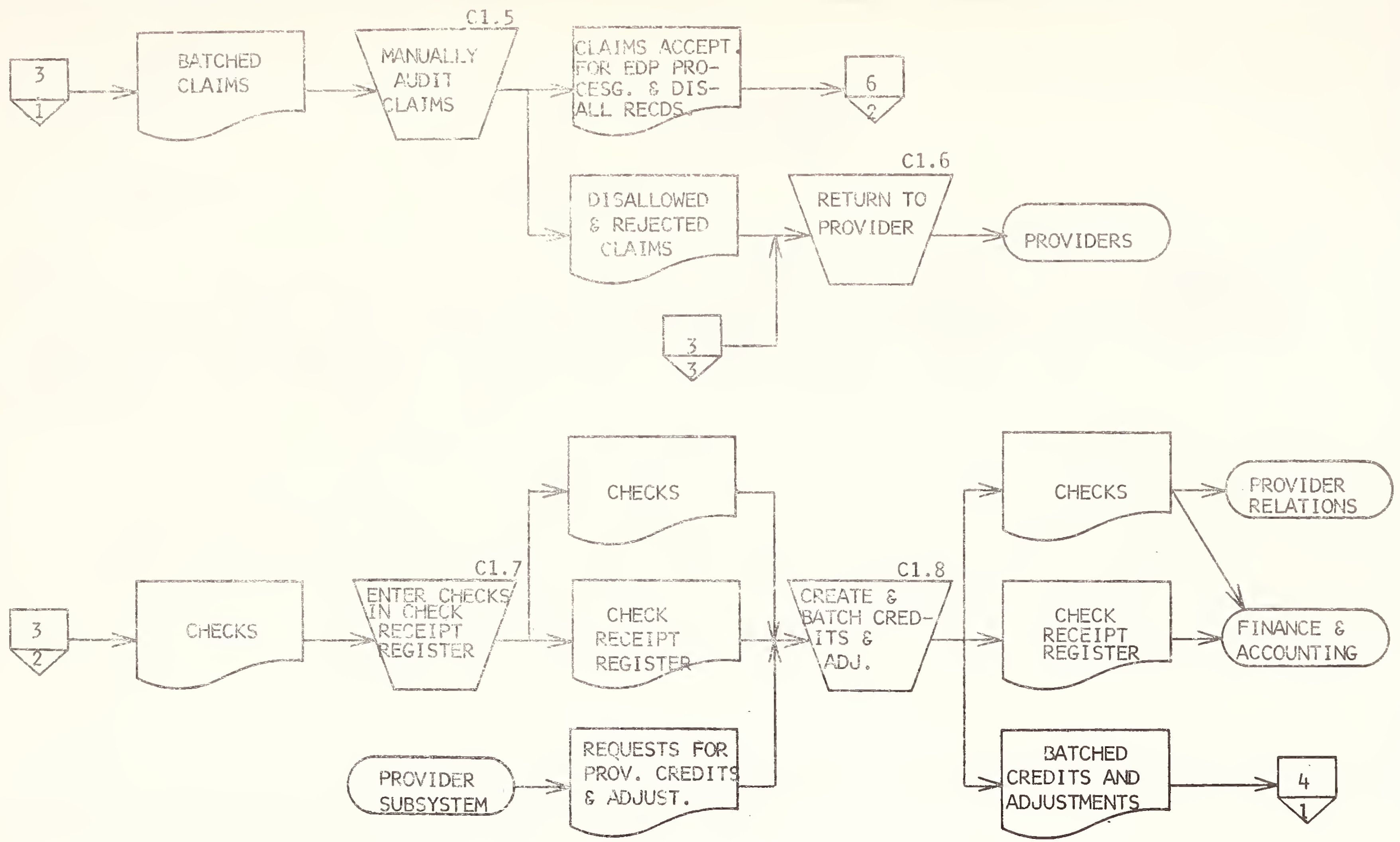

3
1
BATCHED CLAIMS
C1.5
MANUALLY AUDIT CLAIMS
CLAIMS ACCEPT. FOR EDP PROCESG. & DIS-ALL RECDS.
6
2
DISALLOWED & REJECTED CLAIMS
C1.6
RETURN TO PROVIDER
PROVIDERS
3
3
3
2
CHECKS
C1.7
ENTER CHECKS IN CHECK RECEIPT REGISTER
CHECKS
CHECK RECEIPT REGISTER
PROVIDER SUBSYSTEM
REQUESTS FOR PROV. CREDITS & ADJUST.
C1.8
CREATE & BATCH CREDITS & ADJ.
CHECKS
CHECK RECEIPT REGISTER
BATCHED CREDITS AND ADJUSTMENTS
PROVIDER RELATIONS
FINANCE & ACCOUNTING
4
1

Figure 4.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM CLAIMS PROCESSING SUBSYSTEM - INPUT PREPARATION MODULE

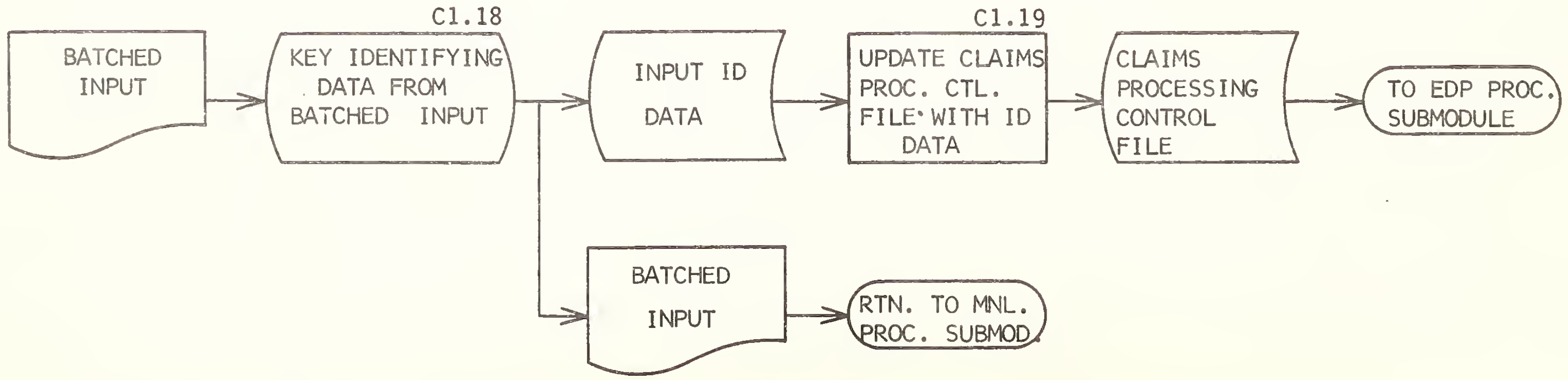

C1.18
C1.19
BATCHED INPUT
KEY IDENTIFYING DATA FROM BATCHED INPUT
INPUT ID DATA
UPDATE CLAIMS PROC. CTL. FILE WITH ID DATA
CLAIMS PROCESSING CONTROL FILE
TO EDP PROC. SUBMODULE
BATCHED INPUT
RTN. TO MNL. PROC. SUBMOD.

Figure 5.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESS STEP DEFINITION

SUBSYSTEM Claims Processing

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
C1.4	Process Control Supervisor	The batches are distributed for manual processing as follows: a. Claims are passed to the claims audit unit (which is divided into subunits, each of which processes a unique type of claim). b. Credits and adjustments are forwarded to the credit and adjustment unit. c. Queries are sent to the data preparation unit. Entries are made in the batch control log accounting for each batch's location.
C1.5	Claims Processing Unit	Claims are manually audited for conditions which preclude further processing (see Exhibit IV-2 on the following page for audit details). Those claims which cannot be processed further are removed from their batch and sent to the mail room with an explanation of the disallowal or rejection. An entry is made on the batch control sheet to account for the removed claims. The batches are then forwarded to the data preparation unit.

Figure 6.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESS STEP DEFINITION

SUBSYSTEM Claims Processing

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
C1.6	Mail Room	All manually disallowed and rejected claims, credits, and adjustments are returned to the provider with an attached letter of explanation.
C1.7	Credit and Adjustment Unit	All checks received from providers are logged in a check receipt register identifies the provider, the check number and the amount, and the indicated reason for the return, if present.
C1.8	Credit and Adjustment Unit	Using information from the check receipt register, credits and/or adjustments are created which will properly update the providers' accounts. The credits and adjustments are then batched and assigned control numbers (see Step C1.2). The transaction control number of each credit or adjustment is entered on the check receipt register. The register and checks are then forwarded to the Finance and Accounting Department. All checks which cannot be resolved using the data available within the Claims Processing Subsystem are forwarded to the Provider Relations Unit for resolution. The Provider Relations Unit initiates requests for credits and adjustments as a result of the resolution of returned checks, as well as originating requests. The requests are received and processed during this step in a manner similar to returned checks.

- Clerical Job Procedures. Prior to development of the training program, there must also be established clerical job procedures giving a detailed breakdown of MMIS manual processing procedures, staff patterns, and narratives that describe the step-by-step sequence of operations for each clerical position. Documentation containing this information should be provided by the system contractor. In the event that detailed clerical procedures are not defined by the contractor, the MMIS training coordinator will require assistance from appropriate state system analysts and agency staff personnel in identifying, or perhaps even formulating, the specific procedures required for each clerical position. Specifications for the clerical job procedures manual are presented in Section 5b.

- Forms. Data entry and manual system control forms and other system documents must be designed and copies made available for use in the training effort. Instructions for the preparation or checking of data on system documents must also be formulated, including specifications for appropriate codes and legal data values, where applicable.

b. Developing the Training Program

Development of the clerical training program is the responsibility of the MMIS training coordinator. Performance of this responsibility involves the following four tasks: (1) define specific training requirements; (2) select a training method; (3) schedule the training activity; and (4) prepare training materials.

- Determine Training Requirements. The basic objective of the clerical training program is to provide clerical personnel with the essential knowledge and skill to enable them to effectively perform their individual system-related tasks when the MMIS is operational. Meeting this basic objective requires a training program which will develop a general understanding of the overall MMIS design and system information flow, develop a detailed understanding of and ability to use the MMIS Clerical Job Procedures Manual, and create a positive attitude regarding the MMIS to dispel concern over organizational and operational changes that will accompany MMIS installation.

Development of an effective training program requires that specific training standards be defined to identify the instruction which must be presented and to identify the personnel for whom the instruction applies. This information is derived from review and analysis of documentation resulting from the prerequisite activities discussed above; that is, the state agency reorganization plan (or the current organization if no reorganization is contemplated), the MMIS manual procedures design documentation, and the MMIS Clerical Job Procedures Manual. If the Clerical Job Procedures Manual is complete and well organized, identifying instructions to be presented is relatively simple and straightforward.

Simply stated, the task of defining clerical training requirements involves compiling a list of clerical job positions and, for each position, listing items which the incumbent must know and be able to do in order for the MMIS to operate smoothly. Such a list shows clearly who is to be trained and what training is needed.

In compiling the list, job positions which are identical or similar may be combined and a total shown to indicate the number of positions in that set (e.g., Claims Receiving Clerk, 4). The principal training items to be listed for each position are, of course, the manual procedures for which the position's incumbent is responsible (e.g., sorting and logging all the incoming documents). In addition, consideration should be given to other items designed to provide perspective of the total MMIS and to answer personal concerns which clerical personnel may have about the new system. In this regard, training items listed for each job position should include a system overview and a discussion of the system's impact on the agency. Figure 7 presents sample training requirement statements for two typical categories of MMIS clerical personnel.

- Select a Training Method. Following determination of the clerical training requirements, the training coordinator should select a method for fulfilling these requirements. Factors which should be considered when making this selection include time and manpower available for preparation of the training program, number and diversity of personnel to be trained, and availability of clerical personnel for off-the-job training.

  Several methods are available to the training coordinator but each requires the development of the appropriate resources necessary to meet the unique requirements of the particular form of presentation. They include:

  (1) Lecture. This method is suitable for providing infomation to large groups of people. Ordinarily, by itself, this is the least effective mode of communication. It requires an adequate amount of preparation on the lecturer's part, and demands a fair amount of verbal skill to be effective. Time must be allocated to permit time provided off the job to attend the lecture(s).

  (2) Workshop. Workshops are suitable for small groups. It is necessary for the workshop leader to be well prepared and to have the workshop objectives and content clearly in mind in order to provide effective direction. Workshops are highly effective in reinforcing both knowledge and work habits (especially with reference to reporting functions). Workshops require time off the job for participants.

Figure 7. Medicaid Claims
Review Personnel Training Requirements

Sample Entries

POSITION(S)	NUMBER	REQUIREMENT
1. Claims Receiving	4	1. MMIS Overview
		2. System Impact on Agency
		3. General Claims Processing Flow
		4. Specific Claims Receiving Procedures
		a. Mail sorting procedures
		b. Microfilming procedures
		c. Distribution procedures
		d. Log maintenance procedures
2. Claims Control	2	1. MMIS Overview
		2. System Impact on Agency
		3. General Claims Processing Flow
		4. Specific Claims Processing Procedures
		a. Input document processing
		b. Output distribution procedures
		c. Error correction procedures
		d. Batch Control Log procedures

(3) Self-Study of Booklet Material. The self-study method requires careful preparation of study materials since there is no direct contact between the student and instructor. Particularly suited for individual training, this method has the advantage of providing trainees with a continuous reference source as well as a training document. No travel time or scheduled time off the job is necessary, and the participant can proceed at his own pace in learning.

(4) Programmed Instruction. This method is suitable for individual training, but requires considerable preparation and testing. It effectively reinforces learning in certain types of subjects, but is not considered especially effective in teaching team skills.

(5) Formal On-The-Job Training. This method is suitable for individual training. It requires a considerable amount of preparation, but little off-job study time.

(6) Informal On-The-Job Training. This method is suitable for individual training. It requires no preparation or off-job study time. It is generally less effective than formal on-job training.

A combination of the lecture-discussion and workshop methods may prove adaptable to the training situation in most states. The lecture-discussion method is an effective technique for providing a general orientation to the MMIS to a relatively large group of clerical personnel. A properly structured workshop activity affords a good environment for presenting detailed instruction to the clerical group while allowing, at the same time, individual members in the group to concentrate on specific areas which are directly related to their individual requirements. For this reason, this approach is recommended, and is the basis for the model training program in Section C.

- Schedule Training Activity. The training program presented in Section C is organized for presentation in three sessions of approximately one-half day each. The training could be accomplished, for example, in three consecutive mornings possibly permitting clerks to spend the afternoons catching up with a portion of the work that has backlogged in their offices during their absence. Consideration must be given to permitting overtime or temporary additional staff where such training has a critical effect on the work flow. The first two sessions are a lecture-discussion activity; the third session is a workshop activity. Scheduling of the training sessions should be coordinated with the overall MMIS implementation plan. A key activity which clerical training must precede is the integrated system test phase. Clerical personnel will be expected to participate in this phase in order to test manual system procedures. Clerical training should be scheduled so that the training is accomplished approximately two to four weeks prior to the integrated system test.

- Prepare Training Materials. The Clerical Training Course outlined in Section 5 should be reviewed, modified, and details added by the training coordinator. Reference documents cited in the outline should contain adequate source material for the training coordinator to use in preparing detailed instruction for Sessions One and Two. Model MMIS references should be used only in the absence of adequate state MMIS documentation.

  Handouts or vu-graphs must be prepared to outline or highlight the instruction. Use of either of these techniques ensures a higher degree of attention on the part of the participants, and assists them in understanding the materials presented.

The importance of the role of the clerical personnel in the new system must be communicated to each participant. Once the function is identified as critical, training will be a much simpler task. The most important reference document and training aid to be used is the state MMIS Clerical Job Procedures Manual. Sufficient copies of this document should be available for use during session Three. A minimum of one manual for every two or three trainees should be on hand. As discussed under "Clerical Job Procedures", this manual should be produced as a part of the system user documentation package of the system contractor. In the event that this is not provided or prepared in a format suitable for training purposes, the training coordinator may wish to prepare a procedures manual following the guidelines presented in Section 5.

5. Proposed Contents

This section contains a plan of instruction for a three-session clerical training course and an outline and sample materials for a Clerical Job Procedures Manual.

a. Instruction Plan

Figure 8 covers the course instruction plan for Session One; Figure 9 for Session Two; and Figure 10 for Session Three.

b. Clerical Job Procedures Manual

The state MMIS Clerical Job Procedures Manual contains detailed instructions for clerical personnel pertaining to the specific functions which must be performed at each clerical position. The Manual serves as a basic training document and a reference manual during day-to-day operations. The following is a specification for this manual. This specification may be incorporated in the requirements for system documentation to be provided by the MMIS contractor, or may be used, in lieu of such contractor support, by the state agency to prepare the manual internally.

Figure 8. Course Instruction Plan. Session One.

CLERICAL TRAINING COURSE

SESSION OBJECTIVE:	This session is structured to refresh clerical personnel understanding of current agency operations and its problems, to explain the rationale for adopting the MMIS, to provide a general overview of the MMIS, and to foster a positive attitude toward the MMIS and new role of clerical personnel in the MMIS.
SESSION LENGTH:	Approximately _____ hours.
REFERENCE DOCUMENTS:	Ref. 1. <u>Model MMIS General System Design</u>, Vol. I Ref. 2. State MMIS Design Documentation Ref. 3. State Agency Reoganization Plan Ref. 4. Recent State Medicaid Program Surveys, if any
TRAINING AIDS:	Handout: Session One Outline Handout: State MMIS Functional Flow Diagram Vu-graphs: Session One Outline Segments (optional)
COURSE OF INSTRUCTION:	The following topics are to be covered in Session One.

1. <u>Purpose and Overview of Clerical Training Course (15 min.)</u>

   State objectives and evaluate criteria for the training course. Distribute course outline and discuss each topic heading briefly. Introduce and state objective of Session One.

2. Preliminary Overview of MMIS (5 min.)

State briefly what MMIS means, what it is, when it will become operational, and generally, why it is being developed.

3. Review of Existing State Agency Operations (60 min.)

Refresh clerical personnel understanding of current operations and problems by discussing the topics listed. Illustrate with actual or hypothetical cases where practical.

a. Current Operations

(1) Agency Objectives
(2) Organization
(3) Existing ADP Configuration
(4) General Processing Flow
(5) Major Existing Data Files

b. Operational Problems (as appropriate)

(1) Timeliness
(2) Validity of Claims
(3) Maintenance of Audit Trails

(4) Accuracy of Records

(5) Retrieval of Information

(6) Other Problems

c. Problems Causes (as appropriate)

(1) Agency Interrelationships

(2) Overall Agency Workload

(3) Non-systematic Numbering Systems

(4) Cross-jurisdictional (geographic factors)

(5) Inadequate Data Collection

(6) Limitations of Manual Filing and Retrieval

(7) Unintentional Human Errors

(8) Intentional Abuse

(9) Other Causes

d. Summary Point: The current operation has many areas in which improvement is desirable.

4. <u>General Description of MMIS (60 min.)</u>

Describe the general purpose and physical components of the system by discussing the topics listed below. Supplement presentation with graphic materials, if available.

a. MMIS Objectives

(1) Improvement of Existing Operations Through Systems Approach and Automation

- (2) Advantages of Automation
  - (a) Volume
  - (b) Speed
  - (c) Accuracy
  - (d) Flexible Retrieval

b. Components of the System

- (1) Computer Center
  - (a) Location
  - (b) Role
- (2) Data Terminals
  - (a) Description
  - (b) Location(s)
  - (c) Role
- (3) Microfilm Equipment
  - (a) Description
  - (b) Locations
  - (c) Role
- (4) Forms
  - (a) Types (general)
  - (b) Use (collectively
- (5) Support Personnel
  - (a) General Impact of MMIS on Agency Organization
  - (b) Clerical Job Positions and Organizational Relationships

- (6) System Documentation
  - (a) Summary of Applicable Documentation
  - (b) Clerical Job Procedures Manual (purpose)

5. <u>Summary (10 min.)</u>
   - a. Review of Session One
   - b. Preview of Sessions Two and Three

Figure 9. Course Instruction Plan. Session Two.

CLERICAL TRAINING COURSE

SESSION OBJECTIVE: This session introduces the *MMIS Clerical Job Procedures Manual* to clerical personnel, familiarizes them with its organization and content, and instructs them in its use.

SESSION LENGTH: Approximately ____ hours.

REFERENCE DOCUMENTS:
Ref. 1. State MMIS Design Documentation
Ref. 2. *MMIS Clerical Job Procedures Manual*

TRAINING AIDS: Sufficient copies of *MMIS Clerical Job Procedures Manual*.

COURSE OF INSTRUCTION: The following topics are to be covered in Session Two.

1. *Review of Session One (5 min.)*

2. *Objective and Overview of Session Two (5 min.)*

3. *Introduction to Clerical Job Procedures Manual (20 min.)*

   Distribute copies of *Clerical Job Procedures Manual* and discuss its overall purpose and organization, as follows:

   a. Training purpose
   b. Reference Purpose
   c. Organization and General Content
   d. Validity of the Current Edition

4. Use of Clerical Job Procedures Manual (60 min.)
    a. Flow Diagram Conventions
    b. Overall Manual Processing Flow
        (1) Tracing Inputs through the System (demonstrate)
        (2) Job Interfaces
    c. Individual Job Narratives
        (1) Locating the Narrative
        (2) Applying the Narrative
5. Preview of Session Three and Integrated System Test (10 min.)
    a. Session Three Preview
    b. Integrated System Test
        (1) Purpose and Schedule
        (2) Clerical Personnel Participation
6. Session Review and Questions (Open)

Figure 10. Course Instruction Plan. Session Three.

CLERICAL TRAINING COURSE

SESSION OBJECTIVE: This session reinforces personnel understanding of the instructions in the MMIS Clerical Job Procedures Manual by exercising clerical procedures in a workshop environment. Trainees are not expected to memorize procedures, but are expected to demonstrate the ability to accurately use the Clerical Job Procedures Manual.

SESSION LENGTH: Open

REFERENCE DOCUMENTS: MMIS Clerical Job Procedures Manual

TRAINING AIDS: Sufficient copies of MMIS Clerical Job Procedures Manual; Prepared Input Documents; Blank Processing Forms; Tables or Desks; In-Out Desk Trays.

WORKSHOP INSTRUCTIONS: The workshop is structured to simulate the environment of an operation MMIS of a typical working day. Tables should be arranged and designated to represent clerical processing units which will exist in the reorganized state agency. Clerical personnel assigned to each unit should be seated at the appropriate table(s). Workshop assignments should match anticipated actual assignments, if known. Tables should be equipped with one or more in-out trays, as needed. Each table should also have a supply of blank MMIS forms, logs, folders, envelopes, and other materials as appropriate for the unit which the table represents. The instructor(s) will be required to simulate a variety of external elements such as the mail room, computer center, management, and certain external agencies, institutions, and individuals. Additional tables should be designated and materials prepared for this purpose.

Prior to the workshop session, simulated input documents (e.g., claims from various types of providers, provider applications, provider change forms, and provider cost reports) must be prepared.

Any computer outputs which might be required during the course of the simulation activity should be anticipated and improvised in advance. Also, a variety of recipient, provider, and management inquiries should be prepared as written scripts to be entered during the course of the simulation. The preparation of these materials requires extremely careful planning in order for the simulation to be realistic and effective. Also, as a precautionary note, all simulated documents should be clearly marked "simulation" to avoid the embarrassing possibility of workshop material inadvertantly being picked up and processed by the real system.

At the start of the simulation activity, the various P. O. boxes of the simulated mail room are loaded with previously prepared simulated inputs. In addition, some partially processed materials can be predistributed to in- or out-trays at appropriate clerical positions (simulating in-process work carried over from the previous day).

The simulation begins with each clerk performing his assigned duties using the MMIS Clerical Job Procedures Manual as his guide. During the course of the activity, materials will move from unit to unit, and in and out of the simulated computer center and other simulated elements. The activity continues until such time as the "day's" work is completed or the instructors call a halt.

The simulation activity should be followed by a critique. The critique is an important element in the learning process which provides an opportunity for all participants to discuss the operation and the specific problems and solutions discovered. It also serves the secondary purpose of identifying any deficiencies which may exist in the MMIS Clerical Job Procedures Manual, thus permitting corrections to be made prior to the final installation of MMIS.

At a minimum, the MMIS Clerical Job Procedures Manual should contain the following items:

- Introduction
- Overall MMIS Manual Processing Flow. A graphic and narrative summary of MMIS manual processing describing the flow of information through the system.
- Descriptions of Input Documents. Samples of forms and instructions pertaining to its completion.
- Description of Control Documents. Samples of control sheets and logs with narrative describing the use of each document and instructions pertaining to its completion.
- Descriptions of Clerical Job Procedures. Narrative describing, for each clerical position the step-by-step procedures associated with each MMIS-related job performed at the position.

In both size and importance, the most significant part of the manual is the section explaining the clerical job procedures. A narrative should be included for every Medicaid agency clerical position which has one or more MMIS-related jobs to perform, since it is to serve as the primary guide to clerical duties. Each narrative must provide precise step-by-step instructions, with sufficient detail to enable the individual clerk to correctly perform his tasks. Narratives must be specific, presented in a standard, easy-to-read format with each step in the job procedure clearly identified, and arranged in an appropriate and logical sequence. Exceptions to procedures should be explained.

A sample of clerical job procedures prepared in a form appropriate in both style and level of detail is presented in Figure 11.

Figure 11. **JOB PROCEDURES**

System Medicaid Drug Claims Processing

Job Number

Frequency

Job Name Batch Control For First Audit

RESPONSIBILITY	ACTION
B. Control Clerk	1. Receive batches of Drug Claim documents in traveling folders from the Mail Clerk.
	2. Verify the type of Drug Claim documents in each folder with the code shown on the Traveling Folder Slip.
	3. Verify the count of pages in each Folder with the number indicated on the Traveling Folder Slip.
	4. Record from the Traveling Folder Slip onto the Folder Control Register the following: a. Folder number. b. Type of claim document. c. Date received. d. Number of pages in the Folder.
	5. Send all Adjustment batches to the Senior Clerk
	6. Place all remaining folders in the Open Work File for distribution to the First Audit, insuring that Folders with the earliest dates are distributed first.
	7. Upon issuing a Folder to the First Audit, enter that auditor's initials in the appropriate column of the Folder Control Register.

MODULE IV.

TRAINING MODULE FOR MMIS FINANCIAL PERSONNEL

MODULE IV.

LIST OF FIGURES

IV. TRAINING MODULE FOR MMIS FINANCIAL PERSONNEL

1. Overview

The module is intended to provide financial personnel with a basic introduction to the operation of the MMIS and to explain how it will facilitate their work. Section 4, "Session Development and Format," suggests ways for the training coordinator to define the audience for the module and how to develop an effective training program for this audience. Section 5, "Proposed Contents", describes and presents sample material which may be used in preparing the training program.

The information contained in the module was derived from the General Systems Design of the MMIS and other Federal material, thus substantial modification may be necessary at the State level to accomodate variations in detail design.

The relationship between "financial personnel" and other people in the Medicaid program may vary widely from State to State. As a consequence, their involvement in MMIS could range from quite limited to very extensive. It should be noted, however, that regardless of the degree of their involvement in claims processing functions, they form an integral part of any successful MMIS effort.

2. Problems to be Addressed

The work roles of financial personnel in MMIS may vary greatly from State to State and, as a result, the first general problem is to identify specific needs based on local data. There are, however, several general problems that all financial personnel must deal with, regardless of the nature of the system or the specific role. These general problems include:

- Financial personnel need a knowledge of the subsystem operation and relationships.

- Financial personnel require a specific knowledge of fiscal functions within the subsystem.

- Financial personnel must be aware of the financial policies and procedures affecting other groups within MMIS.

3. Training Goals and Objectives

The general goal for the training and orientation of financial personnel is to provide them with a general understanding of the subsystem operation of MMIS. The specific objectives are as follows:

- Ensure that financial personnel are able to use the MMIS outputs for financial and Medicaid utilization control.
- Ensure that during the system design phase, financial personnel are able to provide feedback to the design staff about their specific information requirements from MMIS.
- Ensure that financial personnel are familiar with the data processing methods by which reports (outputs) are compiled.

4. Session Development and Format

This section contains a discussion of the development of a training program for financial personnel and suggests ways of identifying training requirements. There are five basic steps in the development of a successful financial training program.

- Identify the personnel involved in financial affairs and their functions.
- Determine the training requirement for these people.
- Develop a training schedule.
- Select the method most suitable for their training.
- Prepare the training materials to be used.

Each of these points will be considered carefully.

a. Identify Personnel and Functions

Within each state Medicaid agency, there is usually a hierarchy of financial personnel which closely parallels that of program oriented personnel. Financial personnel who influence Medicaid workings may also be found outside the state agency itself; for example, a state auditor. It is important that the training coordinator be able to distinguish separate groups of financial personnel. (Auditors may not be interested in the same things as the chief of fiscal affairs, for instance.)

b. Determine Training Requirements

Once groups of individuals with similar functions have been identified, the training coordinator must determine the appropriate requirement for each group. An outline should be prepared for each group stating exactly in what areas which group will be trained. For example:

Category	Number	Scope of Training
Chief of Fiscal Affairs and immediate staff	3	Orientation to Medicaid situation. Introduction to MMIS. MARS and SUR operation. Reports of interest to fiscal affairs.
Auditor	10	Brief orientation to Medicaid. Introduction to MMIS. SUR operation. Reports on misutilization and what they mean.

After the scope of training has been determined for each personnel category, it is necessary to select appropriate training methods.

c. Selection of Training Methods

Some of the factors to consider in selecting a training method are:

- Manpower available for program preparation and implementation.
- Time limits imposed by design and implementation dates.
- Availability of time off from work for participants.

The choice of anyone of the following methods will, plainly, be affected to some extent by these factors. Alternative training methods include:

(1) Lecture. This method is suitable for providing information to large groups of people. Ordinarily by itself, this is the least effective mode of communication. It requires an adequate amount of preparation on the lecturer's part, and demands a fair amount of verbal skill to be effective. Time off the job must be allocated to permit lecture attendance.

(2) Seminar. The seminar method requires a substantial amount of preparation and knowledge on the part of the leader and participants. Since it is based on discussions, this method may have more fruitful results because the participants must assume more responsibility for their own learning.

(3) Workshop. Workshops are suitable for small groups. It is necessary for the workshop leader to be well prepared and to have the workshop objectives clearly in mind to provide effective direction. Workshops are highly effective in reinforcing knowledge

(especially with reference to reporting functions). Workshops require time off the job for participants.

(4) Self-Study of Booklet Material. The self-study method requires careful preparation of study materials since there is no direct contact between student and instructor. Particularly suited for individual training, this method has the advantage of providing trainees with a continuous reference source as well as a training document. No travel time or scheduled time off the job is necessary, and the participant can proceed at his own pace in learning.

Of these four methods, the first two are generally most effective in training financial personnel. Lecture presentations acquainting people with the overall design of the system should be followed by discussion regarding the effect of MMIS on the financial area. This is especially important when the utilization of system outputs is a primary topic of concern. It is axiomatic that unless the user feels totally comfortable with the output, it will not be utilized.

Time off work is required for both of these methods. Nevertheless, the benefits in terms of efficient operation far outweigh the time lost from normal work.

Reference materials to support the seminars are available from the Management Systems Division of SRS/DHEW for both the SUR and MARS subsystems. These manuals provide interpretation of the facts presented by MARS and SUR reports, and an in-depth presentation of the rationale behind each one.

d. Schedule Training Activity

Financial personnel should be included early enough in the implementation schedule that they can influence the detail system design. Often, those who are currently involved in activities such as SUR and Claims Processing are able to identify system improvements which data processors tend to overlook.

e. Prepare Training Materials

In preparing the training material included in the next section, it was necessary to be general and to follow the General Systems Design of the MMIS. As a result, the typical reports referenced here may not parallel reports produced in a particular State.

It is therefore the responsibility of the training coordinator to ensure that representative financial reports from the state system and their explanations replace these typical examples.

5. Proposed Contents

This section contains sample materials for achieving training objectives for MMIS financial personnel, including a proposed narrative accompanied by figures and introductory handouts designed to familiarize financial personnel with MMIS reports.

It is suggested that the trainer distribute the summary papers recommended for utilization in Module I to financial personnel at the conclusion of the orientation session. While the session focuses on specific aspects of the system related to financial personnel, the summary documents may be useful as references.

a. Narrative and Figures

There is little disagreement about the value of the Medicaid Program; that the nation's poor should not be denied good medical care because of inability to pay for it. However, the increase in costs for this service has been alarming, as shown in the figures below:

Year	Amount (in millions of dollars)
1966	$ 372
1967	1944
1968	3266
1969	4107
1970	4794
1971	6148

The major area of controversy about Medicaid concerns its costs which have been much higher than anticipated since the program's inception. As can be seen, the cost of Medicaid rose from 372 million dollars at its inception in 1966, to almost 6.15 billion by 1971.

The 6.15 billion in funds spent represents about a 30 percent increase over 1970 spending levels. Officials at all levels of government felt that something had to be done to be certain that these increases were at least justified by increased services to the poor. Problems in Medicaid reporting and administration had reached the crisis level. Areas of major spending for Medicaid in 1971 included:

Service	Amount (in millions of dollars)
In-Patient Hospital Care	$2,228
Nursing Home Care	1,674
Physician Services	717
Prescribed Drugs	473
Dental Care	181

In response to this crisis, the Medical Services Administration of the Department of Health, Education, and Welfare developed a generalized administrative system for Medicaid which could be modified to fit any state with a Medicaid Program. This system was named the Medicaid Management Information System, or MMIS for short.

The design of the MMIS permits handling of management and review functions by separate computerized modules as shown in Figure 1. Detection of misutilization by provider and recipient is the function of the Surveillance and Utilization Review module, known as the SUR. Management reporting is done by the Management and Administrative Reporting Subsystems or MARS.

The Surveillance and Utilization Review module uses paid claims as a basis for developing a statistical profile of utilization according to norms developed by the system and modified by the state as shown in Figure 2. Significant deviation from these norms causes the computer to generate a report containing comparative information on the participant and a history of his utilization of Medicaid for the preceding five quarters.

Figure 1. MMIS

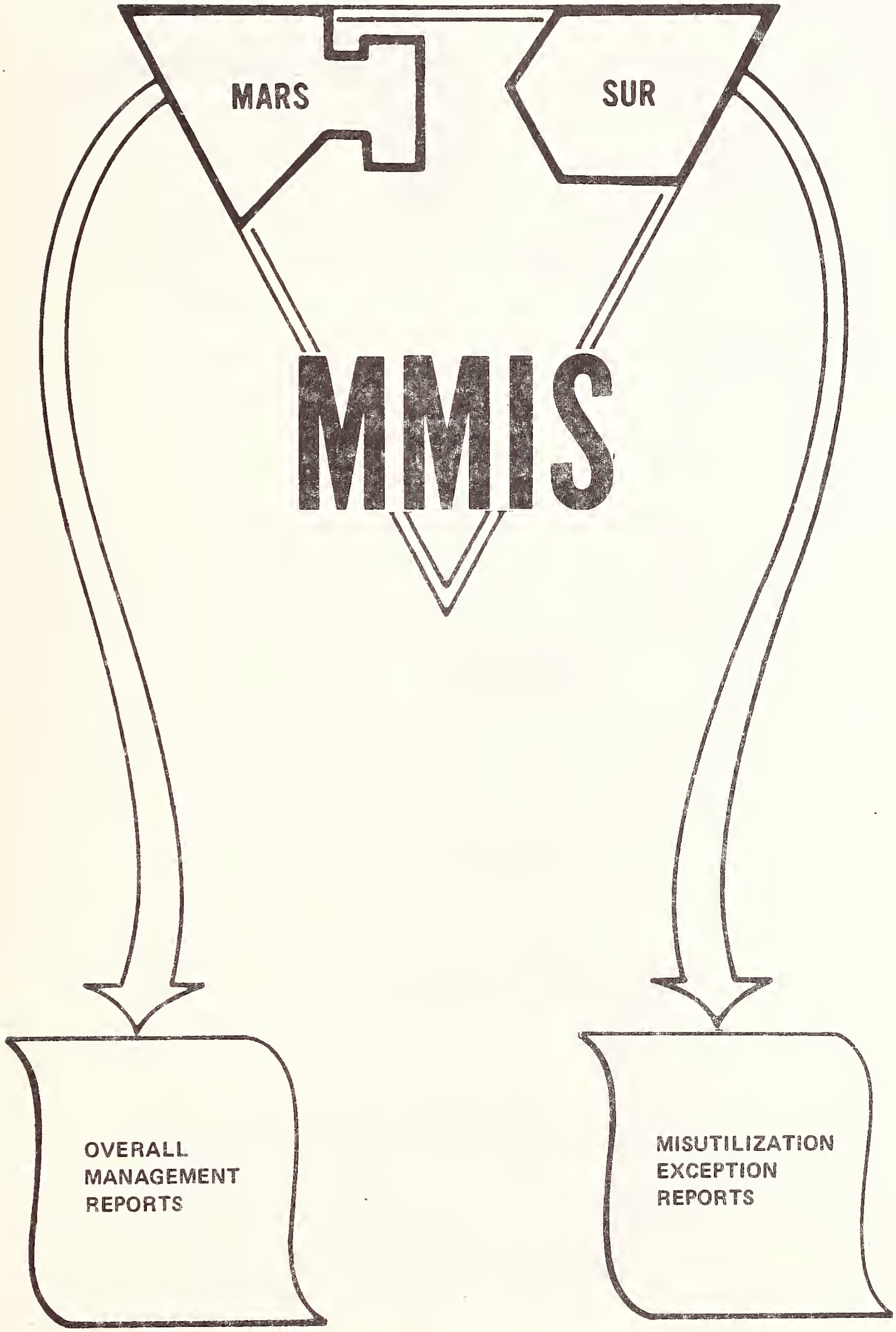
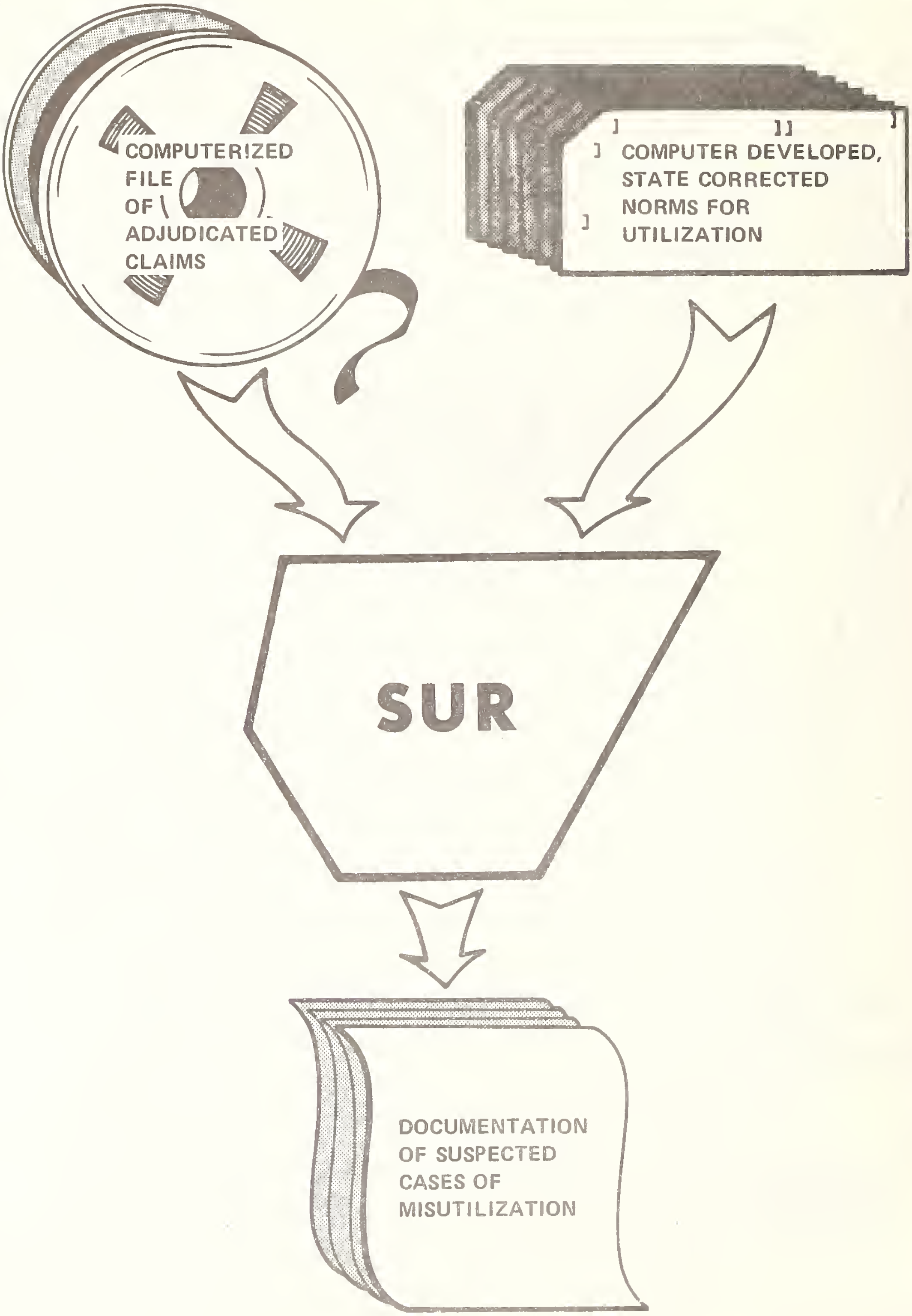


Figure 2. Surveillance and Utilization Review Subsystem


COMPUTERIZED FILE OF ADJUDICATED CLAIMS
COMPUTER DEVELOPED, STATE CORRECTED NORMS FOR UTILIZATION
SUR
DOCUMENTATION OF SUSPECTED CASES OF MISUTILIZATION

Additional reports are available to provide a more detailed review of the participant's pattern of Medicaid claims.

The Management and Administrative Reporting Subsystem also uses files of paid claims as well as budget data supplied by financial officials to report on how well the Medicaid program is meeting expectations by providing multilevel financial management reports as shown in Figure 3.

The provision of very broad executive summaries down to the detailed county-by-county breakdowns helps administrators at all levels predict their ongoing performance and correct particular problems.

The financial reports generated by MARS and the documentation of misutilization of SUR is discussed in some detail in the package entitled "Financial Reports and their Significance" which are now being handed out. (Hand out packages.)

b. Introductory Briefing Handouts

These handouts are designed to acquaint the financial people with the types of reports which MMIS will provide for them, and to provide the basis upon which an intelligent seminar may be conducted. A discussion of the contents of the handout is contained in the following paragraphs.

This handout is designed to acquaint financial people with the reports from the Medicaid Management Information System which may have a direct impact upon their jobs. As mentioned in the introductory presentation, these reports are generated by two functional subsystems of the MMIS, the SUR and MARS. Each of these will be discussed in turn.

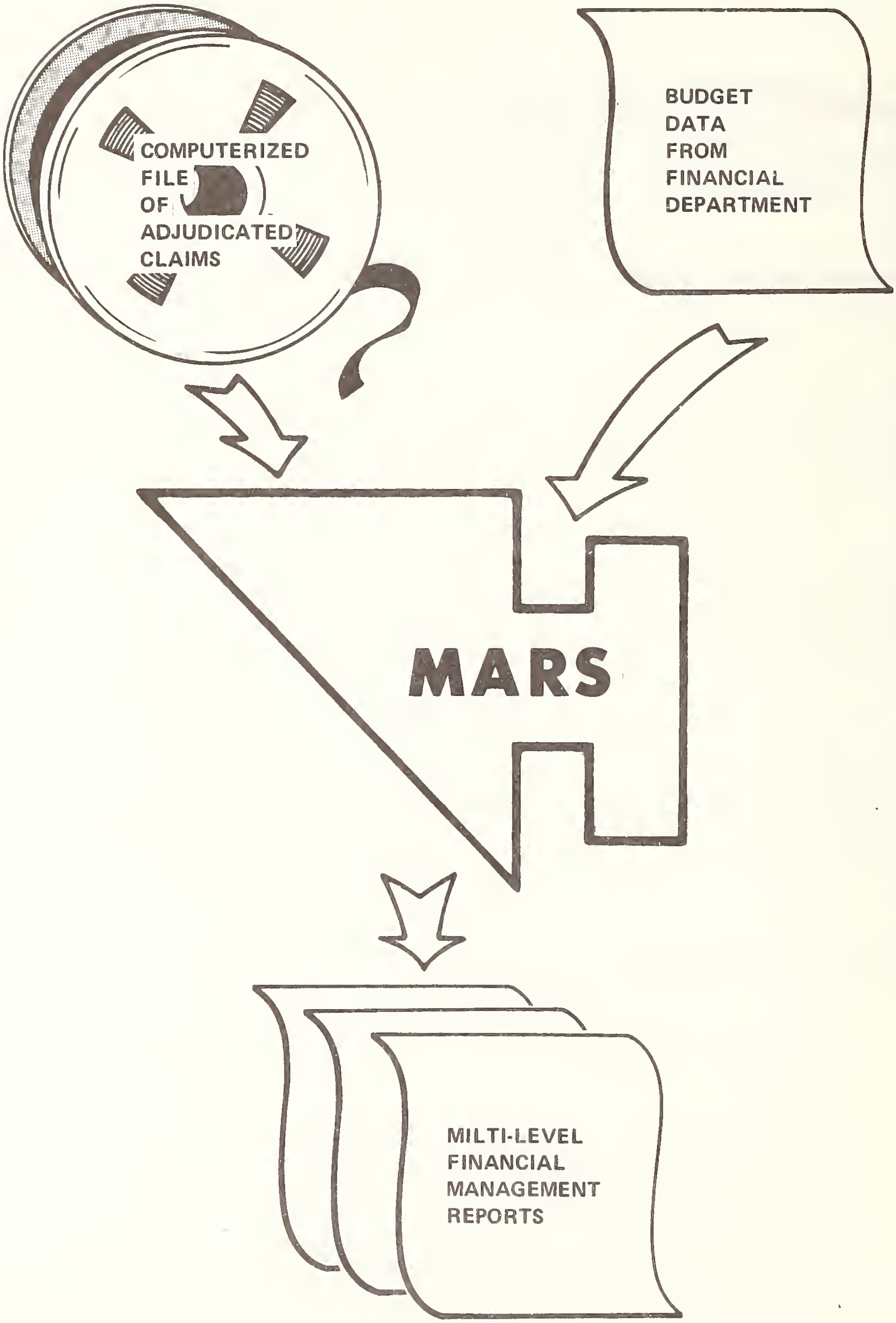
The principal functions performed in the Surveillance and Utilization Review subsystem are to:

- Develop a comprehensive statistical profile of health care delivery and utilization patterns.

- Reveal suspected instances of fraud or abuse of the Medicaid Program by individual providers and recipients.

- Provide information indicating the existence of any potential defects in the level of care or quality of service provided under the Medicaid program.

Figure 3. Management and Administrative Reporting Subsystem


COMPUTERIZED FILE OF ADJUDICATED CLAIMS
BUDGET DATA FROM FINANCIAL DEPARTMENT
MARS
MILTI-LEVEL FINANCIAL MANAGEMENT REPORTS

The principal source of information for SUR is in the file of adjudicated claims which the MMIS maintains. MMIS also applies certain demographic and identification data on individual providers and recipients.

All participants, providers and recipients, are classified into homogeneous groupings according to their particular characteristics. A statistical profile is developed of each such group and also of each individual participant. Individual participant profiles are then measured against the appropriate group profile and all participants deviating significantly from this group norm are displayed for review. The participants who are expected should be investigated in detail by a multilevel investigative staff ranging from SUR specialists to peer group reviewers, to the state attorney general, if necessary, to confirm suspected misutilization. Appropriate corrective action is initiated against proven misutilizers in accordance with the nature and severity of the improper activity or practice that was detected.

The computer system accomplishes all operations required to identify the exceptions to the norms of participant performance. To assist in the subsequent investigative process of confirming misutilization, the computer system provides access to claims data. The user can select and print only the claims data that are of potential value in making a determination of misutilization.

Five major groups of reports are produced by the subsystem. A general description of these reports is provided below:

- Management Summary Reports present a statistical profile on each of the peer group classifications defined by the user. The content of these reports corresponds to that of the Summary Profile and Treatment Analysis Reports described below. These reports will communicate to management the group norms developed by the system, and will assist him in determining whatever modifications may be required to tailor these norms to his needs.

- Summary Profile Reports present, for each individual Medicaid participant, an interrelated set of statistical report items which have been carefully selected to reveal common types of misutilization subject to detection by statistical reporting techniques. Data on these reports are presented in such a manner that long term trends in utilization patterns may be easily recognized without compromising the need to recognize potential misutilization at the soonest possible moment.

- Treatment Analysis Reports are available to facilitate, to the extent possible, an analysis of the level and quality of care rendered by individual providers of physicial and in-patient hospital services. Data on these reports are organized to show specific services rendered in response to specific diagnoses.

- Claim Detail Reports are available to support the investigation of misutilization by indivdual participants. These reports permit a high level of user selectivity in displaying essential data from each adjudicated claim.

- Special Reports may be requested from the system. The content and format of these reports is specified by the user. Any data contained in the MMIS data base may be selected and printed, in order to satisfy requirements for information not met by the standard reports mentioned above.

Figure 4 contains a Management Summary Report sample. It reflects exactly the same information as the Summary Profile Report for class groupings rather than for individual participants.

This report is to be used by management with advice from financial planners to adjust the computer-determined levels at which the exception criteria should be set.

Like the Management Summary Report, the Summary Profile Report (Figure 5) is divided into five sections. The identification section presents all facts relevant to establishing who the participant is and where he fits into the Medicaid establishment.

Section B1, the second section, is concerned with volume-oriented data. It is important to note that high volume which may cause exceptions and consequent generation of a report does not

Figure 4

MANAGEMENT SUMMARY REPORT: PHYSICIAN SERVICES CLASS PROFILES
CATEGORY OF SERVICE: 43
TOTALS SECTION
FOR MONTH OF JUNE, 1973

RUN DATE: 07/01/73

--------SUMMARY DATA ITEMS --------		CLAIMS PAID	----- FROM CLAIMS PAID TO DATE FOR SERVICES RENDERED DURING:-----------				
			----THIS QUARTER----		1 QUARTER	2 QUARTERS	3 QUARTERS
INDEX	TITLE	THIS MONTH	THIS YEAR	LAST YEAR	AGO	AGO	AGO
	NO. OF ACTIVE PROVIDERS	8,873	9,375	9,065	9,362	9,378	9,141
001	DOLLARS PAID - TOTAL	736,312	2,191,406	1,996,550	2,173,197	2,154,152	2,136,621
002	DOLLARS PAID - MEDICAID	589,051	1,753,128	1,577,815	1,723,557	1,723,325	1,709,300
003	DOLLARS PAID - MEDICARE	147,261	438,278	418,740	434,640	430,827	427,321
004	RECIPIENTS SERVED - TOTAL	120,089	292,188	279,163	289,762	287,221	284,883
005	RECIPIENTS SERVED - MEDICAID	90,067	219,141	209,322	215,416	215,416	213,662
006	RECIPIENTS SERVED - MEDICARE	30,022	73,047	69,791	72,440	71,805	71,221
007	RECIPIENTS SERVED - OFFICE	82,317	200,284	191,355	198,622	195,879	195,277
008	RECIPIENTS SERVED - HOME	562	1,368	1,307	1,357	1,345	1,334
009	RECIPIENTS SERVED - IN HOSP	11,099	27,006	25,926	26,782	26,547	26,571
010	RECIPIENTS SERVED - LTCF	951	2,314	2,211	2,295	2,275	2,256
011	RECIPIENTS SERVED - OUT HOSP	2,689	6,543	6,281	6,489	6,432	6,379
012	NO. VISITS - OFFICE	151,622	451,259	432,210	447,513	443,588	439,979
013	NO. VISITS - HOME	1,349	4,014	3,853	3,981	3,946	3,914
014	NO. VISITS - IN HOSP	47,650	141,814	136,141	140,637	139,403	139,269
015	NO. VISITS - LTCF	2,333	6,942	6,664	6,884	6,824	6,768
016	NO. VISITS - OUT HOSP	4,225	12,574	12,071	12,470	12,360	12,260
017	NO. VISITS - TOTAL	207,179	616,603	591,939	611,485	606,121	601,188
018	NO. INJECTIONS - TOTAL	68,369	203,479	195,340	201,790	200,020	198,392
019	NO. INJECTIONS - OFFICE	66,088	198,554	190,612	196,906	195,179	193,590
020	TOTAL DAYS STAY - IN HOSP	65,169	193,955	209,286	197,816	199,567	201,237
021	TOTAL DAYS STAY - LTCF	66,088	196,690	188,822	195,057	193,346	191,773
022	NO. SURGICAL PROCEDURES	6,102	18,161	17,435	18,010	17,852	17,707
023	NO. DIAGNOSTIC RAD PROC	10,578	31,482	30,223	31,221	30,947	30,695
024	NO. LAB PROCEDURES	46,668	138,892	133,336	137,739	136,531	135,420
025	NO. OTHER DIAGNOSTIC PROC	5,082	15,124	14,519	14,998	14,867	14,746
026	NO. OTHER PHYSICIAN SERVICES	2,530	7,531	7,230	7,468	7,403	7,343
027	NO. OTHER PHYSICIAN REFERRALS	1,516	4,513	4,332	4,476	4,436	4,400
028	NO. HOSPITAL DISCHARGES	8,464	25,189	25,774	24,361	24,577	24,783
029	NO. HOSP DISCHARGES - SURG	3,639	10,831	11,083	10,476	10,569	10,657
030	NO. DISCHARGES TO LTCF	966	2,876	2,761	2,852	2,827	2,804
031	NO. DISCHARGES TO HOME CARE	593	1,765	1,694	1,750	1,735	1,721
032	NO. DAYS PREOP. STAY	4,571	13,604	13,920	13,157	13,274	13,385
033	NO. DRUG RX - TOTAL	477,131	1,420,034	1,363,233	1,408,248	1,395,893	1,384,533
034	NO. DRUG RX - COMPOUNDED	7,348	21,585	32,172	31,122	28,955	25,475
035	NO. DRUG RX - ADDICTIVE	20,087	61,913	60,664	61,822	62,396	62,166

Figure 4.

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RUN DATE:  07/01/73                                                                                            Page 2
                                     MANAGEMENT SUMMARY REPORT:  PHYSICIAN SERVICES CLASS PROFILES
                                                     CATEGROY OF SERVICE:  43
                                               AVERAGES & STANDARD DEVIATIONS SECTION
                                                     FOR MONTH OF JUNE, 1973

                                                                 FROM CLAIMS PAID TO DATE FOR SERVICES RENDERED DURING:
-----REPORT SECTION/ITEM-----                                   ----THIS QUARTER----   1 QUARTER  2 QUARTERS  3 QUARTERS   TRENDNO.           TITLE                  THIS MONTH  AVG. MONTH  THIS YEAR  LAST YEAR    AGO         AGO         AGO        RATE

01 VOLUME SUMMARY SECTION

 01 DOLLARS PAID-TOTAL             AVG.  83.00       77.00     234.00     220.00     230.00      230.00      234.00    +4.2
                                   S.D. 375 00      347.00   1,056.00     993.00   1,047.00    1,038.00    1,058.00     6.4
 02 DOLLARS PAID-MEDICAID          AVG.  66.00       67.00     187.00     174.00     186.00      184.00      187.00    +5.3
                                   S.D. 298.00      302.00     844.00     785.00     839.00      830.00      849.00     6.1
 03 DOLLARS PAID-MEDICARE          AVG.  17.00       15.00      47.00      46.00      46.00       46.00       47.00    +3.8
                                   S.D.  77.00       68.00     212.00     202.00     208.00      218.00      212.00     5.2
 04 RECIPIENTS SERVED-TOTAL        AVG.  14.00       13.00      31.00      31.00      31.00       31.00       31.00    +5.4
                                   S.D. 139.00      128.00     343.00     337.00     341.00      326.00      348.00     5.4
 05 RECIPIENTS SERVED-MEDICAID     AVG.  10.00       10.00      23.00      23.00      23.00       23.00       23.00    +5.6
                                   S.D. 111.00      121.00     254.00     262.00     248.00      251.00      263.00     4.8
 06 RECIPIENTS SERVED-MEDICARE     AVG.   4.00        3.00       8.00       8.00       8.00        8.00        8.00    +5.3
                                   S.D.  44.00       32.00      89.00      93.00      86.00       94.00       91.00     5.1
02 ESSENTIAL REPORT ITEM SECTION

 01 AVG.NO. VISITS/RECIP.-OFFICE   AVG.   1.84        1.83       2.31       2.26       2.19        2.24        2.27    +3.6
                                   S.D.   2.97        2.95       3.63       3.65       3.68        3.61        3.73     8.9
 02 AVG.NO. VISITS RECIP.-HOME     AVG.   2.40        2.38       2.99       2.89       2.93        2.93        2.90    -2.4
                                   S.D.   3.87        3.84       4.82       4.76       4.97        5.01        4.93     6.7
 03 AVG.NO. VISITS/RECIP.-IN HOSP  AVG.   4.29        4.25       5.41       5.25       5.38        5.31        5.26    +4.2
                                   S.D.   6.92        6.86       8.73       8.47       8.68        8.74        8.49     7.8
 04 AVG.NO. VISITS/RECIP.-LTCF     AVG.   2.45        2.44       3.00       3.08       3.02        3.04        3.07    -0.9
                                   S.D.   2.18        2.22       2.65       2.73       2.61        2.58        2.66     6.7
 05 AVG.NO. VISITS/RECIP.-OUT HOSPAVG.   1.57        1.56       1.99       1.87       1.94        1.92        1.89    +8.4
                                   S.D.   2.42        2.38       3.07       2.96       3.15        2.98        3.12    10.6
 06 RATIO: INJECTIONS/VISITS-OFC   AVG.    .44         .44        .51        .38        .47         .45         .44   +11.5
                                   S.D.    .24         .26        .30        .26        .23         .24         .25     9.6
 07 RATIO: INJECTIONS/RECIP.       AVG.    .76         .74        .93        .86        .91         .90         .88   +10.6
                                   S.D.    .22         .23        .31        .28        .33         .26         .30     8.4
 08 RATIO: IN HOSP VIS/DAYS STAY   AVG.    .73         .70        .65        .73        .71         .69         .70    -1.2
                                   S.D.    .42         .38        .40        .36        .38         .36         .36     6.4
 09 RATIO: LTCF VISITS/DAYS STAY   AVG.    .04         .03        .04        .03        .04         .03         .04    +2.1
                                   S.D.    .11         .09        .10        .12        .08         .11         .10     3.5
 10 RATIO: SURG PROC/RECIP         AVG.    .06         .06        .07        .08        .07         .08         .08    -1.3
                                   S.D.    .09         .09        .10        .12        .11         .10         .09     7.1
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RUN DATE: 07/01/73 FIGURE 4.

MANAGEMENT SUMMARY REPORT: PHYSICIAN SERVICES CLASS PROFILES
CATEGORY OF SERVICE: 43
AVERAGES & STANDARD DEVIATIONS SECTION
FOR MONTH OF JUNE, 1973

-----REPORT SECTION/ITEM-----			FROM CLAIMS PAID:		FROM CLAIMS PAID TO DATE FOR SERVICES RENDERED DURING:					
					-----THIS QUARTER----		1 QUARTER AGO	2 QUARTERS AGO	3 QUARTERS AGO	TREND RATE
NO.	TITLE		THIS MONTH	AVG. MONTH	THIS YEAR	LAST YEAR				
02	ESSENTIAL REPORT ITEM SECTION (CONT.)									
15	RATIO: OTHER DIAG PROC/VISIT	AVG.	.02	.02	.02	.02	.02	.02	.02	0.0
		S.D.	.05	.04	.05	.03	.04	.04	.05	2.0
16	RATIO: OTHER DIAG PROC/RECIP	AVG.	.06	.06	.07	.07	.07	.07	.07	0.0
		S.D.	.09	.09	.11	.10	.11	.09	.10	3.1
17	RATIO: OTHER PHYS SVCS/RECIP	AVG.	.03	.03	.03	.03	.03	.03	.03	0.0
		S.D.	.08	.08	.08	.07	.06	.07	.07	2.9
18	RATIO: OTHER PHYS REFS/RECIP	AVG.	.02	.02	.02	.02	.02	.02	.02	0.0
		S.D.	.04	.03	.05	.04	.04	.03.	.04	2.7
19	RATIO: HOSP DISCHRGS/RECIP	AVG.	.09	.09	.11	.12	.11	.11	.12	-2.6
		S.D.	.18	.17	.23	.24	.22	.23	.24	6.8
20	AVG DAYS STAY/HOSP DSCHRG	AVG.	7.70	8.04	7.70	8.12	8.12	8.12	8.12	-1.1
		S.D.	14.90	15.01	14.92	15.08	15.08	15.07	15.08	20.4
21	PERCENT DISCHRGS TO LTCF	AVG.	11.41	11.33	11.42	10.71	11.71	11.50	11.31	+1.6
		S.D.	20.01	19.17	20.01	18.62	20.53	20.40	19.97	20.9
22	PERCENT DISCHRGS TO HOME CARE	AVG.	7.01	6.95	7.01	6.57	7.18	7.06	6.94	+1.6
		S.D.	9.06	8.39	8.84	8.50	9.19	8.99	8.03	10.4
23	AVG DAYS PREOP. STAY	AVG.	1.26	1.26	1.26	1.26	1.26	1.26	1.26	0.0
		S.D.	2.03	2.01	2.07	2.03	2.06	2.06	2.05	3.6
24	RATIO: LTCF PATIENTS/RECIP	AVG.	.01	.01	.01	.01	.01	.01	.01	0.0
		S.D.	.04	.03	.03	.04	.02	.03	.03	2.3
25	RATIO: DRUG RX/VISITS	AVG.	2.30	2.30	2.30	2.30	2.30	2.30	2.30	0.0
		S.D.	4.00	4.02	4.01	4.00	4.03	4.01	4.02	5.9
26	RATIO: DRUG RX/RECIP	AVG.	5.30	5.17	6.48	6.51	6.48	6.48	6.48	-0.1
		S.D.	9.73	9.07	10.05	10.10	10.07	10.06	10.08	12.4
27	PERCENT COMPOUNDED DRUG RX	AVG.	1.58	2.01	1.73	2.04	1.83	1.83	1.72	-2.8
		S.D.	3.00	4.02	3.19	3.98	2.97	2.96	2.96	4.7
28	PERCENT ADDICTIVE DRUG RX	AVG.	4.32	4.29	4.30	3.97	5.01	4.85	4.84	+1.8
		S.D.	7.04	7.01	7.00	6.98	8.02	7.85	7.86	9.7
29	PERCENT OTC DRUG RX	AVG.	3.97	3.64	3.64	3.98	3.53	3.61	3.62	-2.1
		S.D.	6.10	6.00	6.02	7.00	6.72	6.69	6.70	11.8

Figure 4.

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RUN DATE:  08/01/71                         SUMMARY PROFILE REPORT:  OTHER PROVIDERS                        Page No 1
                                          CATEGORY OF SERVICE:  21  CLASS GROUP CODE:  43
                                                    FOR MONTH OF JULY, 1971

AA IDENTIFICATION SECTION:
   NAME:  CENTRAL PATHOLOGY LAB           NUMBER: 3416685          TYPE: 21
   LOCATION:  208                         SPECIALTY:  54           SIZE:  54 EMPLOYEES

                                                   ------------FOR SERVICES RENDERED TO DATE AS OF:-----
          REPORT ITEM/SECTION      CLAIMS PAID   AVG.       THIS  THIS QTR   1 QTR    2 QTRS   3 QTRS    TREND    CLAIMS PAID
NO.               TITLE            THIS MONTH   MONTH        QTR   LAST YR     AGO       AGO      AGO     RATE     FISCAL YTD

B1 VOLUME SUMMARY SECTION

01 DOLLARS INVOICED - MEDICAID       14,321*    9,176     14,321    28,140   33,191    32,322   29,476   +17.333*    37,944
02 DOLLARS PAID - MEDICAID           12,423*    8,714     12,423    26,981   28,403    27,141   26,200   +16.875*    35,121
03 DOLLARS PAID - MEDICARE            1,166       821      1,166     1,750    2,701     2,300    1,975   +12.041     10,076
04 TOTAL DOLLARS PAID                13,589     9,535     13,589    27,731   31,104    29,441   28,175    +8.774     45,197
05 NO. RECIP. SERVED - MEDICAID         408       348        408       284      384       352      319    +7.123      3,412
06 NO. RECIP. SERVED - MEDICARE          37        22         37        32       35        33       32    +8.421        217
07 TOTAL NO. RECIPIENTS SERVED          445       370        445       316      419       385      351    +7.425      3,629

B2 RELATIONAL SUMMARY SECTION

01 PERCENT OF INVOICE AMOUNT PAID     93.76     94.43      93.76     93.87    94.11     94.17    94.14    +0.415      93.47
02 AVERAGE PAYMENT PER RECIPIENT      48.26     44.21      48.26     44.79    47.98     47.16    46.73    +9.726      44.21

C1 MEDICAID SERVICES RENDERED SECTION

01 NO. OF SERVICES PROVIDED             938       721*       938     1,471    1,413     1,320    1,189    +6.114
02 AVG. NO. SERVICES PER RECIP         2.34      1.87       2.34      1.76     2.21      2.04     1.93    +5.274
03 AVG. PAYMENT PER SERVICE           23.68     19.45      23.68     20.87    22.75     22.16    21.45    +4.983
04 PERCENT SERVICES PRIOR AUTH        98.61     98.60      98.61     98.71    98.68     98.62    98.59    +0.017
```

REPORT FORMAT SAMPLE
OUTPUT NO SU-0-18

Figure 5.

```
RUN DATE:  07/01/73                 SUMMARY PROFILE REPORT:  PRESCRIBED DRUGS                          Page 1
                                 CATEGORY OF SERVICE:  30  CLASS GROUP CODE:  01
                                           FOR MONTH OF JUNE, 1973

   IDENTIFICATION SECTION
    NAME:  MIDTOWN PHARMACY          NUMBER:  323456-7      LOCATION:  27      TYPE:  43

                                                FROM CLAIMS PAID TO DATE FOR SERVICES RENDERED DURING:
------REPORT SECTION/ITEM ------  FROM CLAIMS PAID:   ----THIS QUARTER------  1 QUARTER 2 QUARTERS  3 QUARTERS      TREND
NO.            TITLE              THIS MONTH AVG MONTH THIS YEAR  LAST YEAR     AGO        AGO          AGO            RATE

01 VOLUME SUMMARY SECTION

  01 DOLLARS PAID - TOTAL             14,566    11,241    43,699     27,129    37,030     31,912       28,838         +12.3
  02 RECIPIENTS SERVED - TOTAL           163       203       397        650       391        466          565         -13.7

02 ESSENTIAL REPORT ITEM SECTION

  01 NO. OF RX FILLED                  1,545     1,393     4,634      4,037     4,232      3,887        4,108          +3.9
  02 AVG. NO. RX PER RECIPIENT          9.48*     6.86*    11.67*      6.21     10.82*      8.34         7.31         +19.5
  03 AVG. PAYMENT PER RX                9.43*     8.07*     9.43*      6.72      8.75*      8.21*        7.02          +8.5
  04 PERCENT REFILL RX                 71.67*    45.41     68.34*     24.02     57.54      43.48        33.67         +24.8
  05 PERCENT COMPOUNDED RX             26.34*     9.50     18.72*      3.62     16.36*      4.74         4.08         +44.7*
  06 PERCENT OTC SUPPLIES               2.06*     8.99      2.10      21.36*     2.68       6.38        12.41*        -53.7*
  07 PERCENT PMTS. FOR PROF FEE        18.93     17.02     18.62      14.41     18.76      17.68        15.63          +6.8
  08 AVG. NO. RX TO NH RECIP.          66.21*    32.94*    63.24*     12.86     61.43*     15.21        11.98         +49.2*
  09 AVG. PMT. PER RX TO NH RECIP.      2.31      5.78      2.43       8.44      2.68       7.31         8.02         -30.1*
  10 PERCENT RECIP WITH ADDICT. RX      2.82     15.66*     3.06      33.78*     3.37      34.67*        3.43         -39.3*
  11 AVG NO. ADDICTIVE RX PER RECIP     5.01      8.03      4.88      12.41*     5.32      12.88*        4.67         -17.9
```

by itself indicate misutilization. The final three sections with their summaries and percentages are the areas where misutilization is most often picked up. Trend rates which are abnormally high (or low) may also be excellent indicators of the need for further investigation.

As in other reports, those indicators which caused the exception are circled and starred.

- Treatment Analysis Reports (Figure 6) are also produced on an exception basis. This allows the Medicaid staff to pick up suspicious diagnosis/treatment/prescribing practices even if billing procedures seem to fit into the pattern of the participants peers. This report is intended as either a supplement to the summary profile report or as an initiator from which additional reports may be requested. Its primary function in either case is medical rather than financial, and it is included here primarily for reference.

- Claim Detail Reports (Figure 7) are also provided when requested to support documentation of a case of suspected misutilization. These serve merely as checks for the auditor's guidance in matching invoices with records for the particular participant. For any given participant, a Claim Detail Report should be a complete list of all claims paid to or for that participant.

- Special Reports are available to satisfy information requirements not covered by standard SUR reports. Any data, financial or medical, contained in the history file (see below) may be selected, sequenced, summarized, and used for computation in order to produce the desired special report. The following data are contained in the claim history file. Definition of these data elements within each state will provide a uniform nationwide base of information.

  - Transaction control number
  - Category of service

Figure 6.

```
RUN DATE: 08/01/71                                                                                            PAGE NO  1
                                     TREATMENT ANALYSIS REPORT: INPATIENT HOSPITAL SERVICES

AA  IDENTIFICATION SECTION:
      NAME: DAVIS MEMORIAL HOSPITAL         NUMBER: 7654321         TYPE: 43               CATEGORY OF SERVICE: 49
      LOCATION: 321                         SPECIALTY: 48           SIZE: 250 BEDS         CLASS GROUP CODE: 10

----------------------------- DIAGNOSIS CODE: 49          AGE GROUP: UNDER 21 -----------------------------------------

                NO. SURG.        NO. NON-SURG       AVG STAY/     AVG STAY/          AVG NO. ANC SVCS/       AVG NO. ANC SVCS/
                 DSCHRGS          DISCHARGES        SURG DSCH   NON-SURG DSCH        SURGICAL DISCHARGE      NON-SURG DISCHARGE

 -SUMMARY-        36                 34               4.21          3.76                  43.74*                  39.64

                CODE  FREQ       CODE  FREQ       CODE  FREQ    CODE  FREQ       CODE  FREQ    CODE  FREQ    CODE  FREQ    CODE  FREQ

  ANCILLARY     1234   10        1246   10        2345   15     3456   10        4567   10     5678   20     6789   10     8181   10
                8123   15        7123   10        6543   10     3564   20        4678   20     5789   25     7890   20     9456   21
                8234   20        7234   15        6456   20     3883   25        7789   30     5812   30     8943   30

----------------------------- DIAGNOSIS CODE: 51          AGE GROUP: 21 AND OVER ----------------------------------------

                NO. SURG.        NO. NON-SURG       AVG STAY/     AVG STAY/          AVG NO. ANC SVCS/       AVG NO. ANC SVCS/
                 DSCHRGS          DISCHARGES        SURG DSCH   NON-SURG DSCH        SURGICAL DISCHARGE      NON-SURG DISCHARGE

 -SUMMARY-        29*                36               3.75          4.21                  42.73                   41.75

                CODE  FREQ       CODE  FREQ       CODE  FREQ    CODE  FREQ       CODE  FREQ    CODE  FREQ    CODE  FREQ    CODE  FREQ

  ANCILLARY     1234   10        2233   16        3123   10     5656   10        2323   10     9898   20     4567   10     4599   20
                2222   15        3344   20        4123   20     6767   15        3434   20     9797   30     5678   20     4580   30
                3333   20        4455   26        5123   30     7878   20        4545   30     7979   40     8901   30     4631   40




                                                     REPORT SAMPLE FORMAT

                                                     OUTPUT NO SU-U-20
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Figure 7.

```
RUN DATE: 08/01/71                                C L A I M   D E T A I L   R E P O R T                                       PAGE NO  1

   IDENTIFICATION SECTION:
     NAME: DR. JOHN W. COLLINGWOOD       NUMBER: 4712334        TYPE: 23
     LOCATION: 417                       SPECIALTY: 48          SIZE:  1 PHYSICIAN

                                  -------------CATEGORY OF SERVICE: 18-------------

RECIPIENT    TRANSACTION   TRAN  REFER.   RECIP  RECIP   DATE     SERVICE   DIAG  PROC   NO. OF   DOLLARS    DOLLARS  PLACE OF
 NUMBER      CONTROL NO.   CODE  PHYS NO   SEX    AGE    PAID      DATE     CODE  CODE   SERV.    INVOICED    PAID    SERVICE

456-32-1714  12345-67890    10   4712335    F      42   05/01/71  04/15/71   14   4895     1        14.25     14.25      10
                                                                  04/16/71   12   4896     2        10.00      8.00      10
                                                                  04/18/71   14   4893     1        15.00     12.00      10
             23456-67321    10   4712335    F      42   06/01/71  05/12/71   12   4895     1        10.00      8.00      10
             08415-68445    10   4712335    F      42   07/01/71  06/08/71   14   4893     2        15.00     12.00
                                                                                                  RECIP TOT    54.25

457-18-8095  37456-21214    20   8140576    M      38   05/15/71  04/10/71   83   2145     1        25.00     20.00      15
             28954-18213    10   8140576    M      38   05/30/71  04/28/71   83   2145     1        25.00     20.00      15
                                                                                                  RECIP TOT    40.00

                                                                                                   SERV TOT    94.25

                                  -------------CATEGORY OF SERVICE: 19-------------

RECIPIENT   TRANSACTION  TRAN  PRESCRB     DATE       DATE     PRESCRP    DRUG   DIAG   RE-   DRUG  BOOK  DAYS   TOTAL   ORG AMT FEE AMT
 NUMBER     CONTROL NO.  CODE  PHYS NO   DISPENSED    PAID     NUMBER     CODE   CODE  FILL   QNTY  COST  SUPP   INVCD    PAID    PAID

281-46-1895 87654-12345   10   7614234   04/15/71   04/30/71   135-421  GEN1234  41     0     445  7.50   7     10.25    6.00    3.00
            12345-67894   10   2457214   04/18/71   04/30/71   135-826  GEN4321  39     1     500  5.00   3      8.00    5.00    3.00
            65659-23345   10   3218485   04/21/71   04/30/71   136-291  BIO4765  41     0     600  8.00   6      9.00    8.00    3.00
                                                                                                       RECIP TOT  19.00    9.00

                                                                                                        SERV TOT  19.00    9.00

                                                                                                        PROV TOT 300.25    9.00




                                              REPORT FORMAT SAMPLE

                                              OUTPUT NO SU-0-21
```

- Transaction code
- Recipient ID number
- Recipient county code
- Recipient aid category
- Primary diagnosis code
- Provider number
- Payment amount
- Third party liability action
- Third party payment amount
- Procedure code
- Drug code
- Refill indicator
- Beginning date of service
- Ending date of service
- Prescription number
- Patient status
- Procedure charge
- Drug charge
- Place of service
- Units of service
- Date of adjudication
- Adjudication status
- Type of service

c. MARS Reporting Levels

In lieu of presuming a typical Medicaid organization within the State, the MARS reports are broken down into four functional areas. These area groupings extend from summaries of concise data reflecting the status of the Title XIX program at the highest reporting level to detailed information at the lowest reporting level. Between these levels are two additional reporting levels of information which support supervisory and staff functions. The groupings consist of:

Level 1 - <u>Status reports</u>. Concise summary data which provides management with a composite overview of the current status of the Medicaid program.

Level 2 - <u>Summary reports</u>. Consolidated management information which expands upon Level 1 reports and supports the planning and evaluation functions within each functional area.

Level 3 - <u>Analysis reports and SUR profile reports</u>. Information which permits an indepth review and analysis of a functional area in order to identify problems.

Level 4 - <u>Detail reports</u>. The lowest level of information distribution containing specific detailed information generated for use by a given functional area. These reports are generated within the other subsystems and are not included in MARS reports in this section (see SUR reports).

- <u>Status Reports</u>. This example of a medical assistance financial status report (Figure 8) lists expenditures and budgets for the entire Medicaid program, broken down by broad categories of service. It is intended for the use at the highest management levels in order to analyze general trends and compare current and previous years' figures.

- <u>Summary Report</u>. This example of a financial summary report (Figure 9) is intended for use by Level 2 management and/or as a supplement to the management summary report mentioned above.

  The financial summary takes one of the categories of service mentioned in the management summary report and breaks it down with a more detailed analysis. Included are comparisons

Figure 8.

```
RUN DATE MM/DD/YY                                                                                                                       PAGE NO XX
                                  M E D I C A L   A S S I S T A N C E   F I N A N C I A L   S T A T U S


                                               SIX
                                      SAME     MONTH
CATEGORY                              MONTH    AVG.    ****FISCAL YEAR-TO-DATE*** ***FISCAL YEAR END*     ****VARIANCE*******
   OF                **THIS MONTH**   LAST     THIS                      SAME MONTH           PROJECTED        (OVER)/UNDER
SERVICE              BUDGET  ACTUAL   YFAR     YEAR    BUDGET   ACTUAL   LAST YEAR   BUDGET     COST          DOLLARS    PERCENT

 INPATIENT SERVICES   98,000  94,761  93,421  92,401 190,500  197,621  194,334  990,000  1,201,760     (301,200)    (12 %)

 OUTPATIENT SERVICES  76,000  72,431  71,411  75,409 140,000  155,781  149,476  850,000    976,438     (126,471)    (21 %)

 NURSING HOME SERVICFS 65,000 66,507  65,601  64,782 120,000  196,431  178,432  670,000    702,401     ( 32,604)    (15 %)

 PHYSICIAN SERVICES   87,000  89,726  93,782  66,221 150,000  121,781  130,468  750,000    720,125       30,168      14 %


     TOTALS          987,000 947,321 876,431         876,000  976,123 950,736 1,986,860  2,760,463     (174,630)    (10 %)
```

REPORT FORMAT SAMPLE

OUTPUT NO. MR-O-01

Figure 9.

```
RUN DATE MM/DD/YY                                                                                      PAGE NO XX

                                              F I N A N C I A L   S U M M A R Y


                                                                                                              PROJECTED
                                                               SAME MONTH    SIX MONTH AVG.     FISCAL YEAR-TO-DATE      FISCAL
CATEGORY OF SERVICE                              THIS MONTH    LAST YEAR      THIS YEAR       THIS YEAR    LAST YEAR    YEAR END

PHYSICIAN SERVICES

  BUDGET                                  (3.01)  87,000        85,000         86,000          172,000      170,000      990,000

  EXPENDITURE                             (3.02)  89,726        93,782         86,221          121,781      130,468      720,125

  VARIANCE: DOLLARS    (OVER)/UNDER       (3.03)   2,726        (8,328)        (1,000)          51,000       40,000      270,000
            PERCENT                       (3.04)      3%          (10%)           (1%)             20%          21%          22%

  ESTIMATED INTERIM PAYMENTS (DEFICIT)    (3.05) (5,000)        (5,200)        (5,500)         (10,600)      (8,000)     (62,760)

  AVG. EXPENDITURE PER SERVICE PER RECIPIENT(3.06) 12.16         12.58          12.43            12.76        11.98        12.33

  AVG. EXPENDITURE PER SERVICE PER PROVIDER (3.07)  5.46          4.33           5.76             5.65         5.01         5.70

  CLAIMS IN PROCESS (DOLLARS)             (3.08) 42,760         41,420         39,760           49,020       46,798       50,400

 TOTAL FOR ALL CATEGORIES OF SERVICE

  BUDGET                                      2,760,000     2,560,000      2,820,000      10,500,000   10,000,000   70,460,000

  EXPENDITURE                                 2,960,420     2,540,000      2,980,000      11,601,020   11,109,760   75,590,012

  VARIANCE: DOLLARS (OVER)/UNDER               (200,420)       20,000       (160,000)    (1,101,020)  (1,109,760)  (5,130,012)
            PERCENT                                 10%            1%             3%             10%          11%           8%

  ESTIMATED INTERIM PAYMENTS (DEFICIT)         (150,760)       98,760       (149,720)      (298,040)    (250,420)  (1,760,420)

  CLAIMS IN PROCESS (DOLLARS)                     98,100        96,200         96,200          102,400      100,980      105,760



                                                    REPORT FORMAT SAMPLE

                                                    OUTPUT NO. MR-O-03
```

of the current month with the same month a year ago, and the average of the previous six months. Fiscal year to date data are compared (this year to last year) and a projection of the current years' ending figures is made, including a projected surplus or deficit.

The second section of the report presents essentially the same data for all categories of service so that the two may be compared (i.e., this program vs. all Medicaid programs).

- Analysis Report. This example, an expenditure analysis report (Figure 10), presents expenditure data by aid category of service. Like the financial summary, each report concentrates on a single category of service, but includes a section on equivalent data for the entire Medicaid program.

  Trends rates, which are indicators not tied to volume, are the best means of determining if a particular section of a program is advancing too rapidly.

Figure 10.

```
RUN DATE MM/DD/YY                                                                                                   PAGE NO XX

                                                     E X P E N D I T U R E   A N A L Y S I S

                                  * * * * * * * * * A I D   C A T E G O R Y * * * * * * * * * * * * * * *        ALL AID
                                     OAA             APTD            AB              AFDC            MN             OTHER          CATEGORIES
CATEGORY OF SERVICE              TOTAL  TREND    TOTAL   TREND   TOTAL  TREND    TOTAL  TREND    TOTAL  TREND   TOTAL  TREND   TOTAL   TREND

PHYSICIAN SERVICES

TOTAL XIX PAYMENTS      (4.01) 20,210 +.032   14,270   +.011   17.601  +.015   14,962  +.020    7,829 +.601   10,963  +.020   89,726   +.033

DOLLARS / RECIPIENT     (4.02)   9.50 +.012     9.76   +.010     7.11  +.010     7.23  +.017     6.29 +.003     7.52  +.018    56.25   +.015

UNITS OF SERVICE
  RENDERED              (4.03) 21,210 +.011   11,560   +.001   15,760  +.015   12,420  +.019   10,210 +.010   11,210  +.012   76,429   +.012

SERVICE UNITS PER
  RECIPIENT             (4.04)   5.02 +.009     4.03   +.005     4.21  +.016     5.76  +.015     6.72 +.015     5.76  +.018    31.62   +.019

DOLLARS PER SERVICE
  UNIT PER RECIPIENT    (4.05)   6.21 +.015     6.28   +.019     7.21  +.019     6.25  +.001     5.33 +.013     4.36  +.012    39.82   +.016

TOTAL ALL CATEGORIES

TOTAL XIX PAYMENTS            247.321 +.012   98,761   +.011   89,760  +.012   92,376  +.018   82,760 +.011   93,760  +.010  947,321   +.012

DOLLARS / RECIPIENT             22.76 +.015    20.73   +.018    19.46  +.011    15.28  +.009    12.15 +.012    19.76  +.015   101.26   +.019
                                              (4.06)  (4.07)
```

MODULE V.

TRAINING MODULE FOR DATA PROCESSING PERSONNEL

LIST OF FIGURES

V. TRAINING MODULE FOR DATA PROCESSING PERSONNEL

1. Overview

This module is designed to give systems and computer-oriented personnel an overview of the Medicaid program and the Medicaid Management Information System. Because it is the joint responsibility of the computer equipment vendor(s) and the designer of the detail system to be used in a State to provide detailed operational training, the module is not detailed and covers only the general system design.

This module may be used to develop an overview of both Medicaid and MMIS for data processing personnel. The information is drawn from the General System Design for Title XIX* and from other material available at the national level. The training coordinator will probably wish to develop material along similar lines for his own state situation.

Section 5, "Proposed Contents," may be used as is to present the general design of MMIS, or may be modified to reflect the state's detail design. The section can be used to set a positive tone for the development work before it has begun, since all personnel concerned with the design of the system should have at least this much knowledge of its operation. Individuals who will actually be involved in the design of their state's system should be thoroughly familiar with the "Contents" material.

2. Problems to be Addressed

There is a tendency for data processing personnel involved in large projects having a heavy emphasis on computer usage (such as MMIS) to become isolated from other aspects of the program. However, since data processing personnel will be heavily involved in the total systems design, it is important that they understand the nature of the subsystems functioning. The general problem to be addressed, then, is that data processing personnel need to understand the general subsystems operation. The specific problems are as follows:

- Data processing personnel are isolated by the nature of their function from the rest of the Medicaid Program.
- Data processing personnel lack a knowledge of the goals of the MMIS system and subsystem operations.

---

*Medicaid Management Information System, General System Design for Title XIX, U.S. Department of Health, Education and Welfare Social and Rehabilitative Service, Medical Services Administration, June 1, 1972.

- Data processing personnel are unaware of the nature and extent of the task involved in installing the system.

3. Training Goals and Objectives

The general goal of the training and orientation of data processing personnel is to provide them with an understanding of the Medicaid Program and the functions of MMIS. The specific objectives of the training are as follows:

- Ensure that data processing personnel understand that they have an important part to play in the total effort to improve the functioning of the Medicaid Program.
- Ensure that data processing personnel understand the objectives of MMIS and the subsystems operation.
- Ensure that data processing personnel are aware of the scope of and the major steps involved in installing the MMIS.

4. Session Development and Format

Initially, the training coordinator must break the "data processing group" into homogenous groupings for training purposes. Then each category can be analyzed, and an outline prepared of the particular training necessary. If specific procedures for operating the system have been defined, these should be worked into the outline. Any training to be done by equipment manufacturers should also be included in the outline. If the purpose of the training is simply to acquaint people with the new MMIS, a simpler outline will suffice. A sample of each type of outline follows:

PRE-DESIGN TRAINING

Category	Number to be Trained	Scope of Training
Programmer	5	1. Orientation to Medicaid. 2. Introduction to MMIS. 3. Interaction between subsystems. 4. Timing for development.

POST-DESIGN TRAINING

Category	Number to be Trained	Scope of Training
Data Entry Clerk	15	1. Orientation to Medicaid. 2. Introduction to MMIS. 3. How to utilize data entry equipment. 4. Specific Medicaid procedures for document handling.

After the training requirement has been determined, the training coordinator should select a method or methods to fulfill this requirement. Some of the factors that enter into this decision are:

- Manpower available for program preparation and implementation.
- Time limits imposed by design and implementation dates.
- Availability of time off from work for the trainees.

Several training methods are available that place varying emphasis on the limitation mentioned above. These include:

(1) Lectures. This method is suitable for providing information to large groups. Ordinarily, by itself, this is the least effective mode of communication. It requires an adequate amount of preparation on the lecturer's part, and a fair amount of verbal skill to be effective. Time off the job must be allocated to permit lecture attendance.

(2) Seminar. The seminar method requires a substantial amount of preparation and

> knowledge on the part of leader and participants. Since it is based on discussion, this method may have more fruitful results because the participants must assume more responsibility for their own learning.
>
> (3) Workshop. Workshops are suitable for small groups. It is necessary for the workshop leader to be well prepared and to have the workshop objectives clearly in mind to provide effective direction. Workshops are effective in reinforcing knowledge (especially with reference to reporting functions). Workshops require time off the job for participants.
>
> (4) Self-Study of Booklet Material. The self-study method requires careful preparation of study materials since there is no direct contact between the student and the instructor. Particularly suited for individual training, this method has the advantage of providing trainees with a reference source as well as a training document. No travel time or scheduled time off the job is necessary, and the participant can proceed at his own pace in learning.

Of these four methods, a combination of lectures, seminar, and self-study of booklet material are most suitable for operating personnel; and a combination of lectures and seminar are best for systems and programming personnel. Time off the job, a significant factor in the first three methods, is well spent if people can be made to accept the necessity for the change and learn their part in it. Workshops can be developed in conjunction with the integrated systems' test to minimize wasted time, while lectures may be scheduled to coincide with normally slack periods.

A seminar approach to training higher level data processing people not only gives an opportunity for them to thrash out the new system, but may provide valuable input to the system designers.

Some sort of a reference manual should be available for each level of data processing personnel. The training coordinator must see that this type of material is made available (generally from the equipment vendor and detail designer) for ready reference.

The scheduling of the data processing training should depend on the purpose of the activity. If the event is designed to simply acquaint and inform people of the new system, it should be scheduled soon after the decision to go ahead with implementation is made.

If operation training is conducted, it is wise to schedule it close enough to the system implementation date that people will not forget their new learning; but far enough in advance that any problems can be worked out.

5. Proposed Contents

This sample presentation of an overview of MMIS may be modified to reflect the implementation plan of the particular State. If some of the subsystems are not to be used, the training coordinator will, of course, wish to delete them from the presentation. This will leave room for an expansion of those subsystems which do apply.

This training should be applicable to both long-time employees and new staff in the data processing department. Each will have different levels of experience, a factor that will require the training coordinator to integrate those materials presented here with the operational techniques of the computing equipment and the detail design. It is imperative that every employee concerned with data processing have the system presented to him in at least as much detail as the sample training material.

A second factor concerning the training material is the level of involvement of the data processing department in the detail design and programming of the system to be actually used. If a contractor is doing the entire detail design, an early overview of the system being developed is sufficient until it is installed. If, on the other hand, the state data processing department is partially responsible for the detail design, thorough understanding of the system must be developed through additional training.

This sample outline of presentation material, including supporting visual displays suitable for flip chart/vu-graph reproduction, covers:

- Current status of Medicaid nationally.
- Rationale for MMIS development.
- Effect of MMIS on persons concerned with Medicaid.

- Explanation of MMIS in terms of data processing.

The outline is provided below:

a. Narrative.

The phenomenal growth of the Medicaid program through its first five years can be seen in the following table, which traces expenditures. Note that the cost of Medicaid rose from 372 million dollars at its inception to almost 6.15 billion by 1971. This represents a 30 percent increase in one year, and there is no end in sight. Needless to say, cost conscious people who are concerned by the rapid rise are asking, "Where can we look to reduce expenditures."

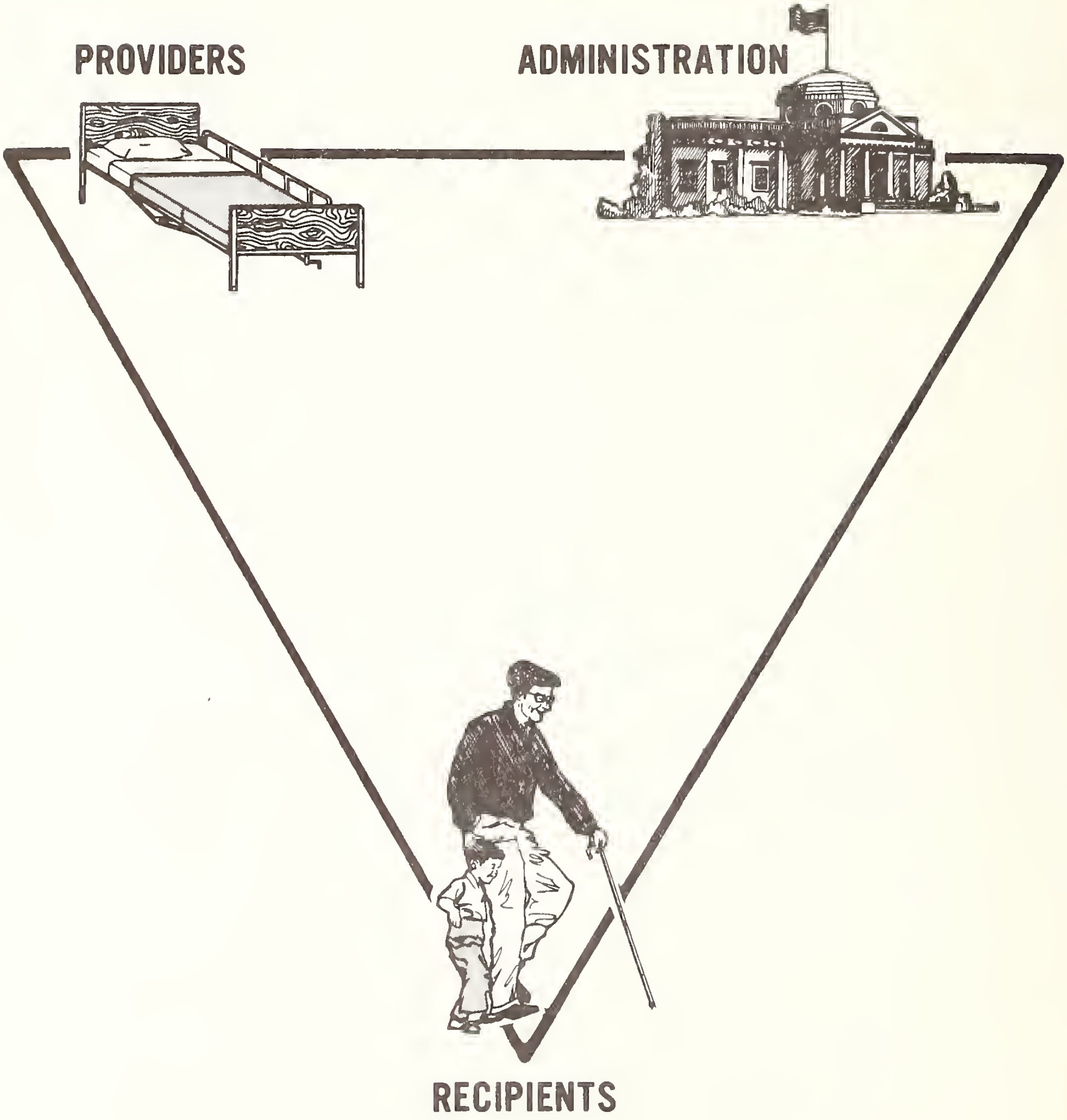
Year	Amount (in millions of dollars)
1966	$ 372
1967	1,944
1968	3,266
1969	4,107
1970	4,794
1971	6,148

There are three groups of Medicaid participants who can effectively influence costs as indicated in Figure 1; providers of services; recipients of services; and Medicaid administration.

To develop a method of controlling costs in all the areas mentioned above, the U.S. Department of Health, Education, and Welfare developed a comprehensive management information and control system for the states called the Medicaid Management Information System. MMIS ties the three categories of participants together, providing benefits to each, while ensuring tight control over the total Medicaid program.

Providers are given faster and more accurate claim payment, quicker response to questions, and a more uniform enrollment procedure. At the same time, statistics are kept by MMIS to effect continuous monitoring of each provider's charges, volume of service, and treatment methods. The system builds and maintains a computerized data file to be used for invoice processing, administrative reporting, and Surveillance and Utilization Review.

Figure 1. The Groups of Medicaid Participants



Recipients are assured of wider provider acceptance of Medicaid and care that closely approximates that available to non-Medicaid individuals as shown in Figure 2. Like providers, recipients are monitored with respect to any abuse of Medicaid.

The state Medicaid administration can be assured that the program is being continuously monitored for misutilization through the use of MMIS as indicated in Figure 3. More data about health care patterns will be made available to administrators than ever before. MMIS provides many levels of reports that help management plan for the future. Additionally, the advanced automation of MMIS helps eliminate many of the manual procedures of claim processing and eligibility checking that burden the administrators.

Figure 4 describes how the MMIS is designed to accomplish these functions and what is required to accomplish its implementation. The Department of Health, Education and Welfare has written a General Systems' Design for MMIS that is applicable in total or in part to all states providing Medicaid services.

The General Systems' Design includes specifications for input elements, suggested reports, and a means of connecting the two. Clerical and automatic data processing functions are included in the general design as well as designs for all required computer files. Additionally, DHEW has made technical assistance available for project management assistance in modification of design to fit the state's needs.

Figure 5 describes the state's responsibilities to assure the system is initiated and operates effectively. A state is responsible for carefully reviewing its requirements with regard to Medicaid policy, procedures, and personnel, as well as the program-by-program design of the actual system that will operate in the state.

The MMIS is comprised of the six modular subsystems for ease of programming shown in Figure 6. Each performs a specific unique function within the system, which we will explore next.

The Recipient Subsystem, shown in Figure 7, serves to collect data on all eligible Medicaid recipients. Its basic function is to provide an edited, cross-referenced master list of recipients to the Claims Processing Subsystem.

Figure 2. Recipients

RECIPIENTS

MMIS:

1. MAINTAINS A FILE OF ALL PERSONS ELIGIBLE FOR MEDICAID
2. UPDATES AND CONTROLS ALL DATA APPLICABLE TO ELIGIBILITY, INCLUDING MEDICARE PART B, BUY-IN
3. INTERFACES AND PROVIDES A DATA-BASE FOR CLAIMS PROCESSING, SURVEILLANCE AND UTILIZATION REVIEW, AND MANAGEMENT REPORTING

Figure 3. Administration

ADMINISTRATION

MMIS:

1. INSURES RAPID MOVEMENT OF CLAIM INFORMATION WHILE PROVIDING MAXIMUM ACCURACY
2. PROVIDES EXCEPTION REPORTING IN THE AREAS OF USUAL AND CUSTOMARY PRACTICE, AND CHARGES TO REVEAL MISUTILIZATION BY PROVIDERS
3. DEVELOPS AND REPORTS A COMPREHENSIVE STATISTICAL PROFILE OF UTILIZATION AND HEALTH CARE DELIVERY PATTERNS
4. REPORTS FISCAL DATA NECESSARY FOR SOUND ADMINISTRATIVE PLANNING

Figure 4. MMIS Provides

MMIS PROVIDES:

A MODULAR, GENERAL SYSTEM DESIGN INCORPORATING:

A. STRUCTURAL AND FUNCTIONAL SYSTEM REQUIREMENTS
B. PROCESSING FLOW WITH CLERICAL AND ADP FUNCTIONS TO SUPPORT IT
C. INPUT, OUTPUT, AND DATA ELEMENT SPECIFICATIONS
D. REQUIREMENTS FOR FILE DESIGN
E. TECHNICAL ASSISTANCE IN DETAIL SYSTEMS DESIGN

Figure 5. The State Provides

THE STATE PROVIDES:

A. MODIFICATION OF THE SYSTEM TO MEET YOUR STATE'S SPECIAL NEEDS

B. DETAIL DESIGN AND PROGRAMMING

C. ORGANIZATIONAL AND OPERATIONAL ANALYSIS OF PERSONNEL, PROCEDURES, AND COMPUTER EQUIPMENT

Figure 6. Six Modular Subsystems

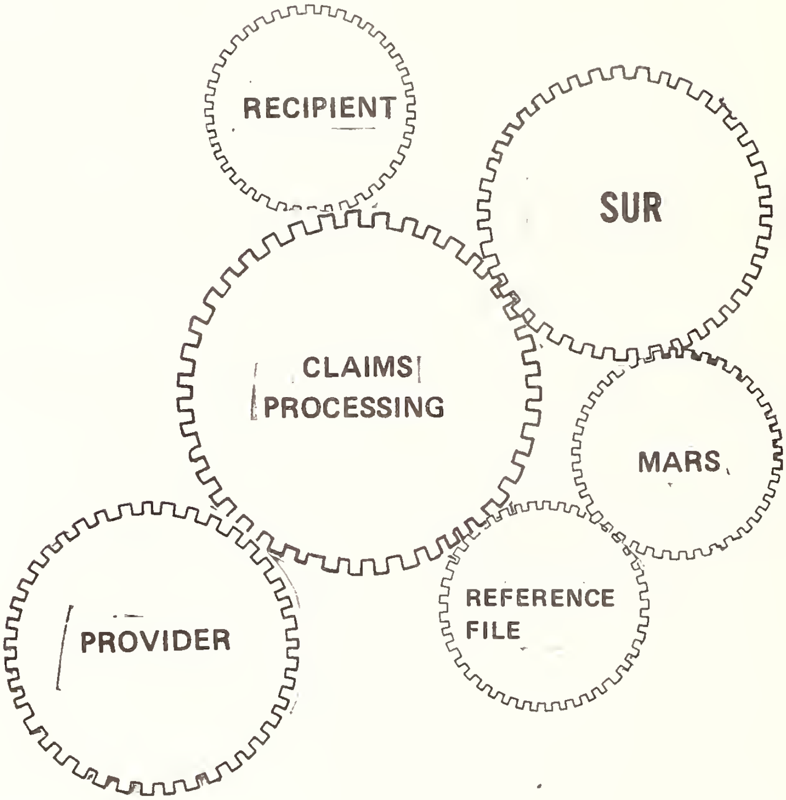
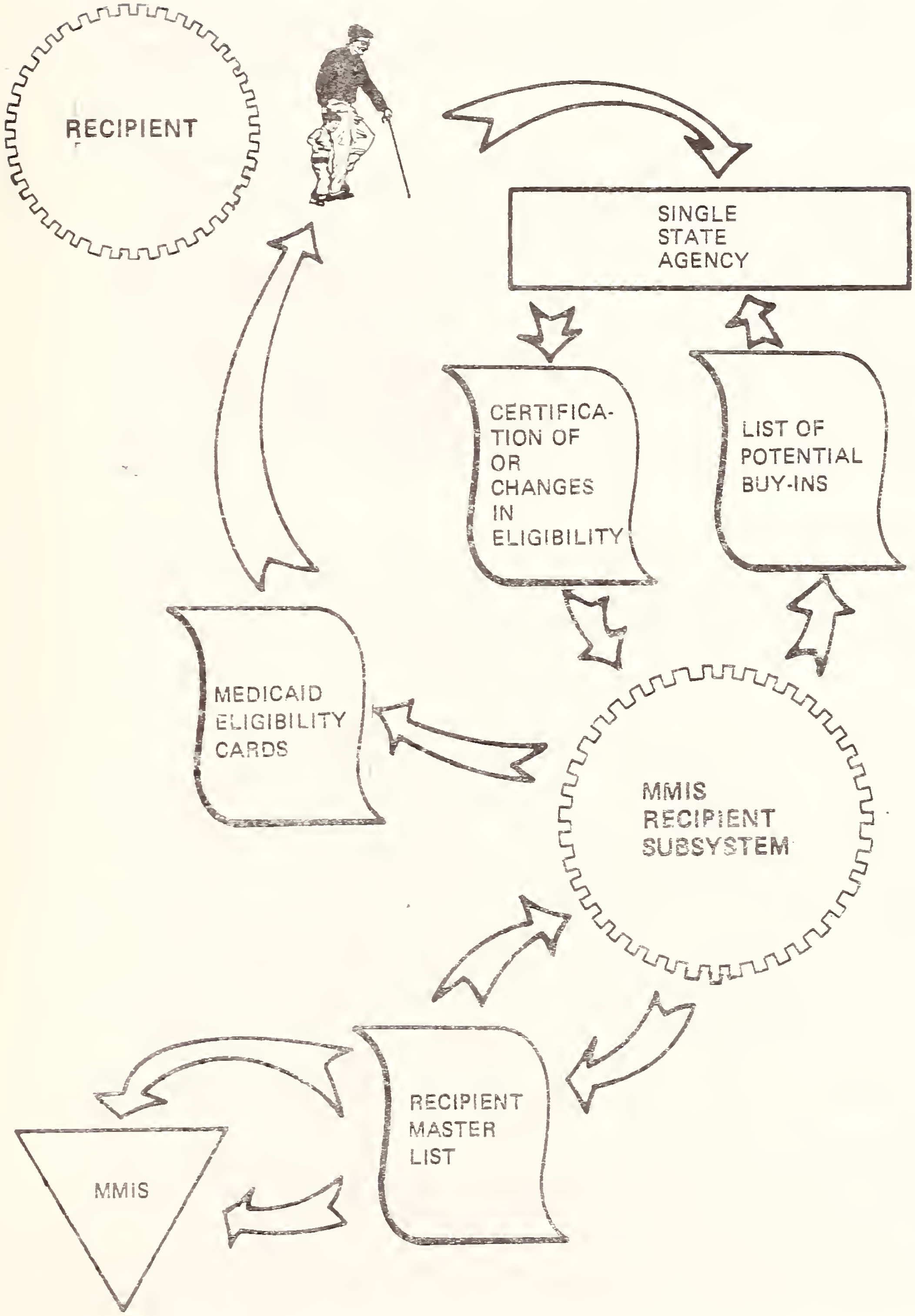


Figure 7. Recipient Subsystem


RECIPIENT
SINGLE STATE AGENCY
CERTIFICATION OF OR CHANGES IN ELIGIBILITY
LIST OF POTENTIAL BUY-INS
MEDICAID ELIGIBILITY CARDS
MMIS RECIPIENT SUBSYSTEM
RECIPIENT MASTER LIST
MMIS

The Provider Subsystem, shown in Figure 8, performs essentially the same tasks for providers as does the Recipient Subsystem for recipients. New providers are certified by this subsystem as they are enrolled.

The Provider and Recipient Subsystems and claims-to-be paid serve as input to the Claims Processing Subsystem shown in Figure 9. The subsystem checks eligibility of the provider and recipient and the reasonableness of the charge. If the claim is accepted for payment, it is added to the list of payables for that provider. At specified intervals, the subsystem issues checks for these lists. If the claim is not accepted, it is held in the subsystem until the error that caused the exception is corrected. The provider is notified of any error not caused by bad data preparation, and is also given a statement of claims paid and suspended with each check. As soon as a given claim is adjudicated, it is placed into the adjudicated claim file.

The Reference File Subsystem shown in Figure 10 serves to maintain and update the files of reasonable and customary charges, and the procedure, diagnosis, and formulary file. These files are used during claims processing to determine if a claim charged is within reasonable limits; and if the diagnosis is reasonably consistent with the treatment.

The adjudicated claims file produced by claims processing, along with the provider and recipient eligibility master files are used by the Surveillance and Utilization Review (SUR) Subsystem shown in Figure 11 to detect patterns of misutilization of Medicaid by individual providers and recipients. This is accomplished by developing norms of utilization for similar groups of providers or recipients, then checking each monthly statement against these norms. The degree of abnormality necessary to except a claim may be set at whatever level the state wishes, and only excepted claims are subjected to manual review. If an exception cannot be resolved, several levels of reports can be requested by the reviewer. These include a range of reports, from highly generalized summaries to individual claims and analyses of treatment patterns used.

The Management and Administrative Reporting Subsystem uses information collected on the operation of MMIS as well as the files used in SUR activities (see Figure 12) to produce a series of multilevel management reports. These range from one page summaries of the current financial and program status to comprehensive reports on county-level utilization. The types

Figure 8. Provider Subsystem

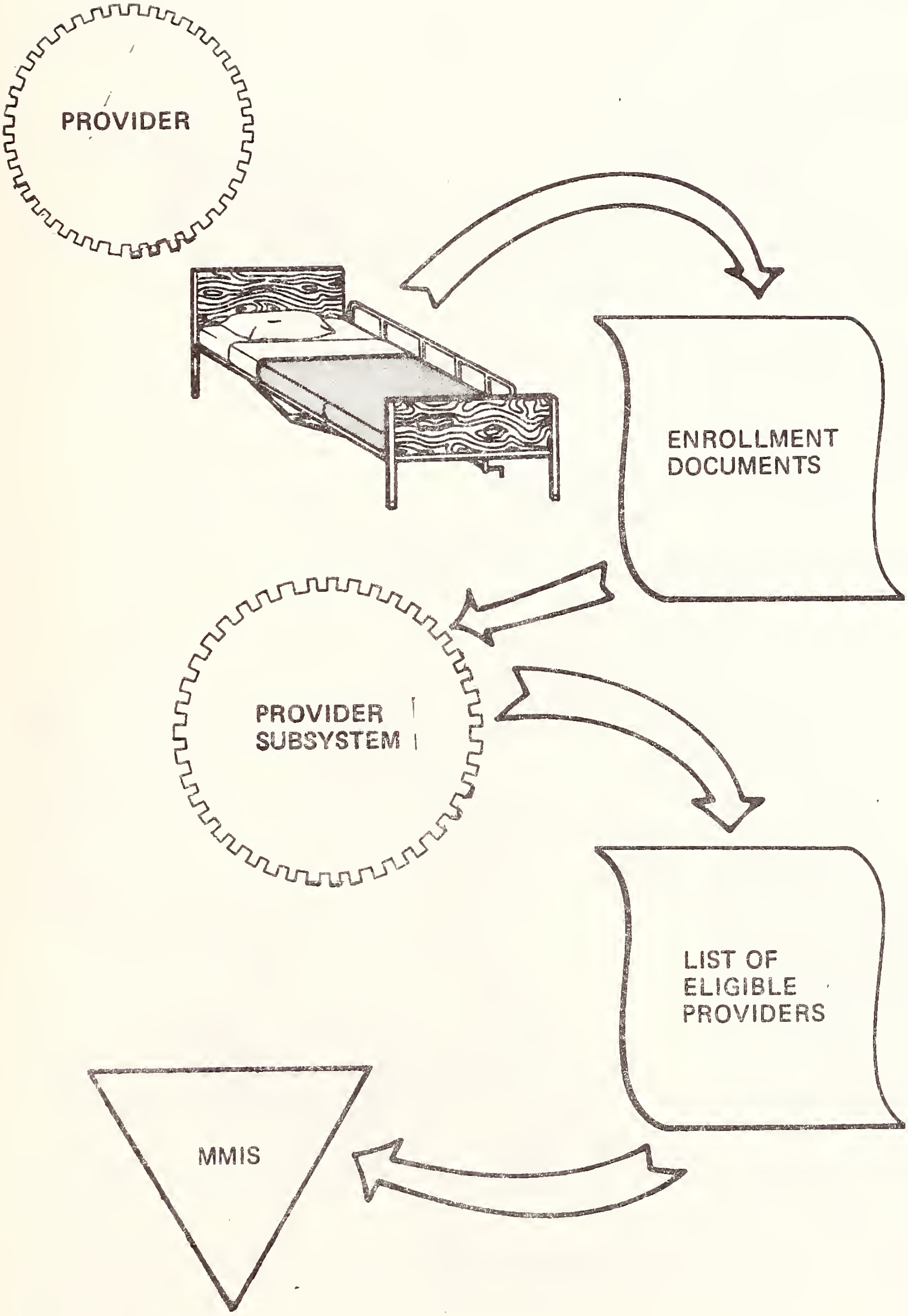


Figure 9. Claims Processing Subsystem

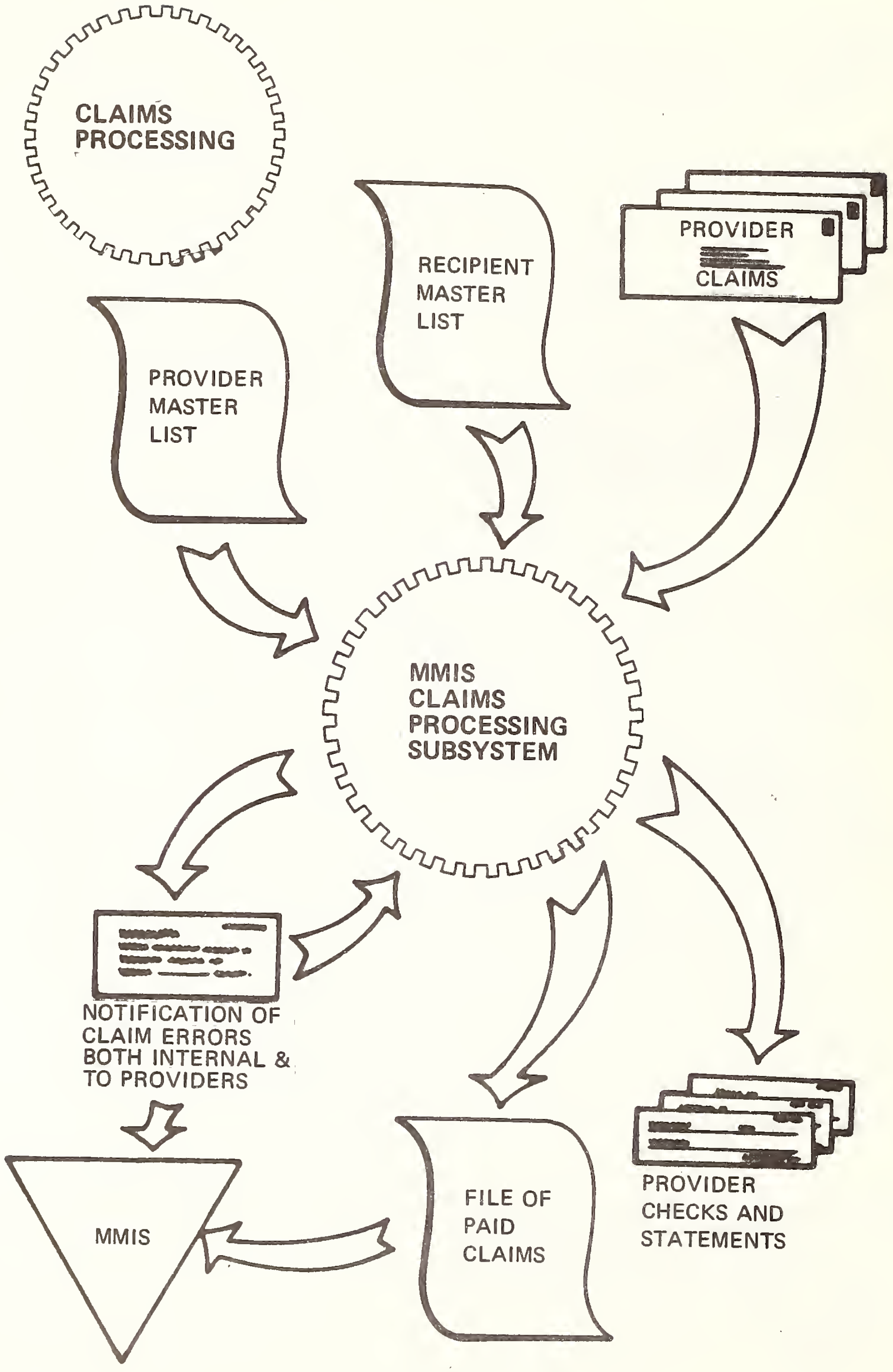

CLAIMS PROCESSING
RECIPIENT MASTER LIST
PROVIDER CLAIMS
PROVIDER MASTER LIST
MMIS CLAIMS PROCESSING SUBSYSTEM
NOTIFICATION OF CLAIM ERRORS BOTH INTERNAL & TO PROVIDERS
MMIS
FILE OF PAID CLAIMS
PROVIDER CHECKS AND STATEMENTS

Figure 10. Reference File Subsystem

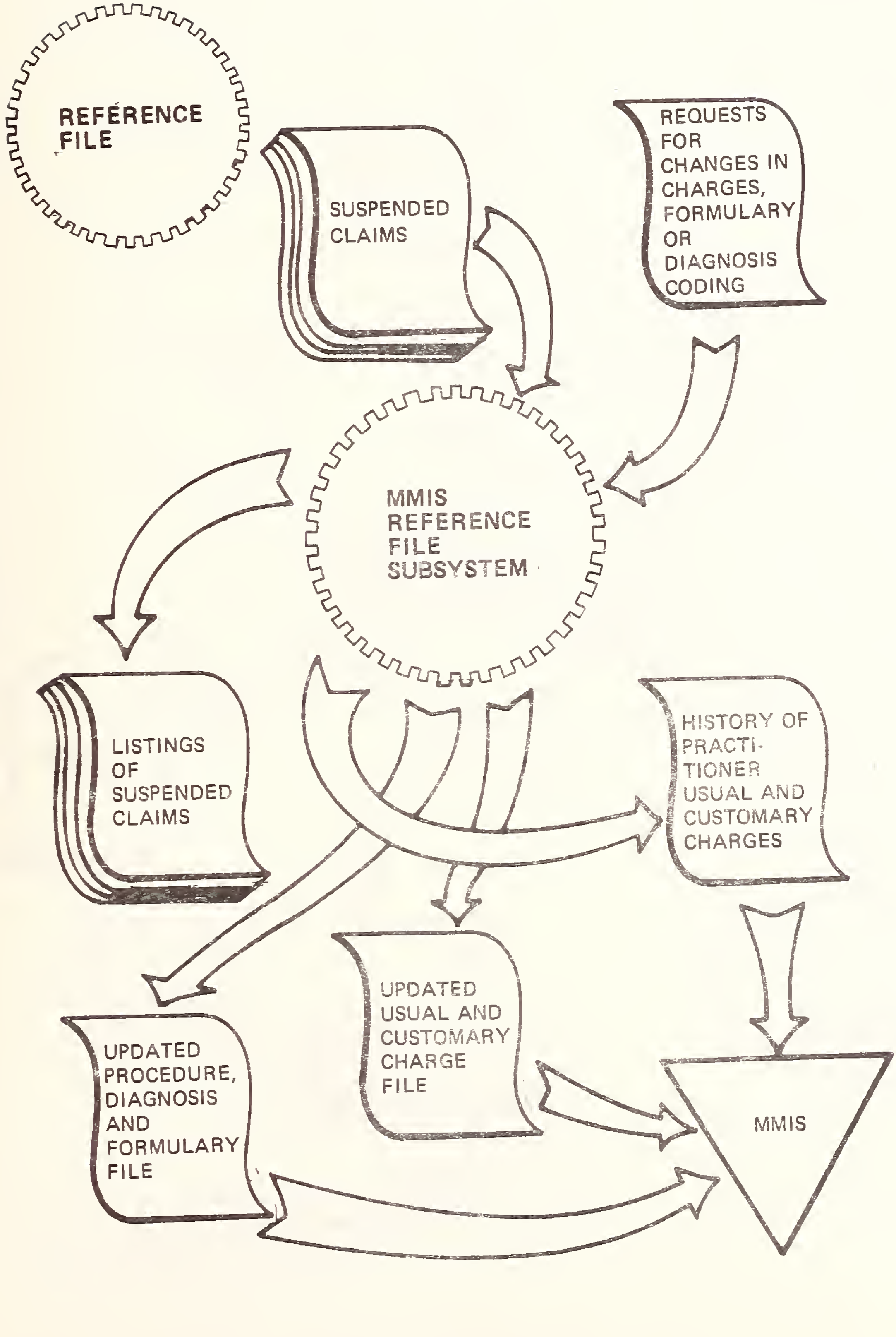

REFERENCE FILE
SUSPENDED CLAIMS
REQUESTS FOR CHANGES IN CHARGES, FORMULARY OR DIAGNOSIS CODING
MMIS REFERENCE FILE SUBSYSTEM
LISTINGS OF SUSPENDED CLAIMS
HISTORY OF PRACTITIONER USUAL AND CUSTOMARY CHARGES
UPDATED USUAL AND CUSTOMARY CHARGE FILE
UPDATED PROCEDURE, DIAGNOSIS AND FORMULARY FILE
MMIS

Figure 11. SUR Subsystem

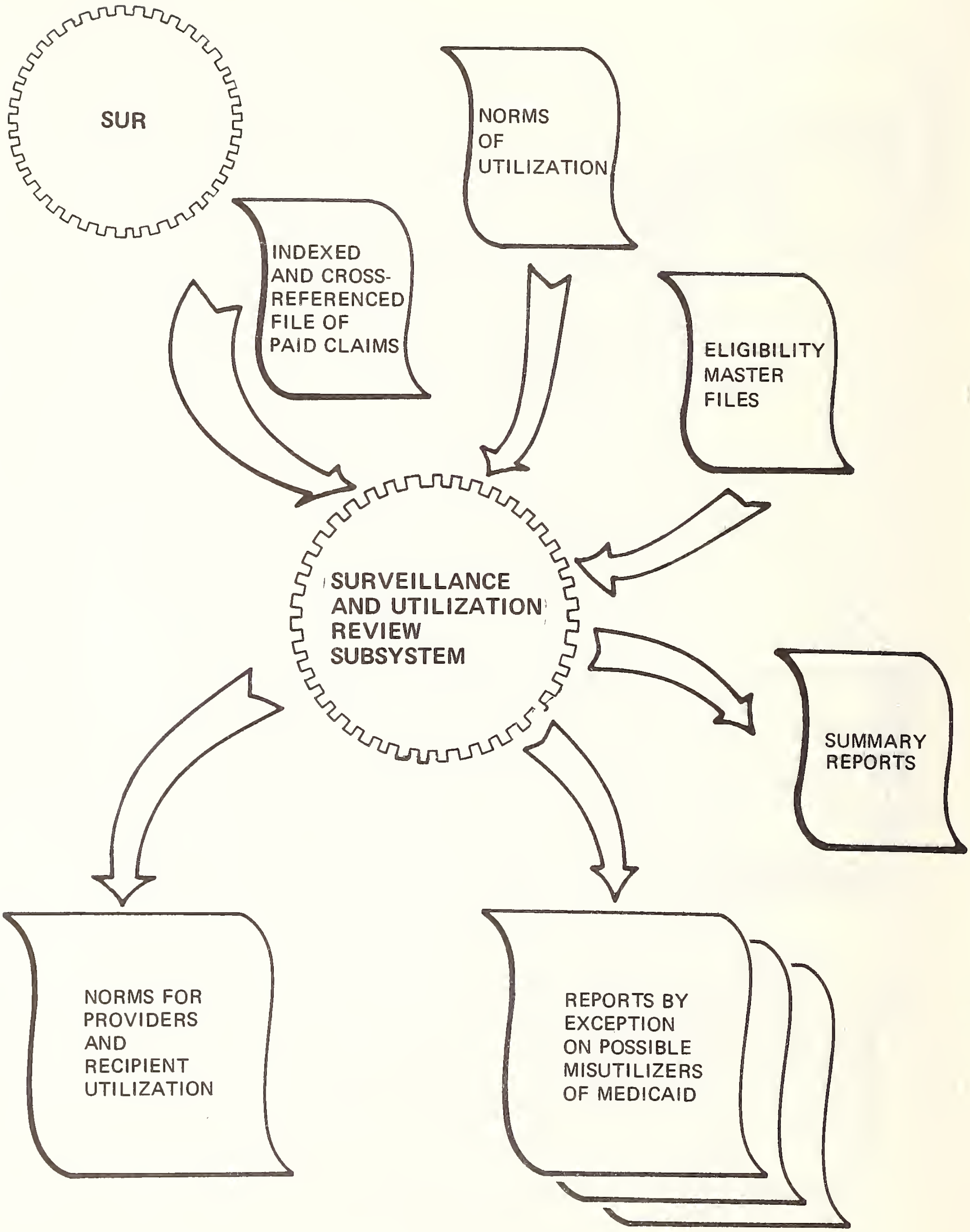
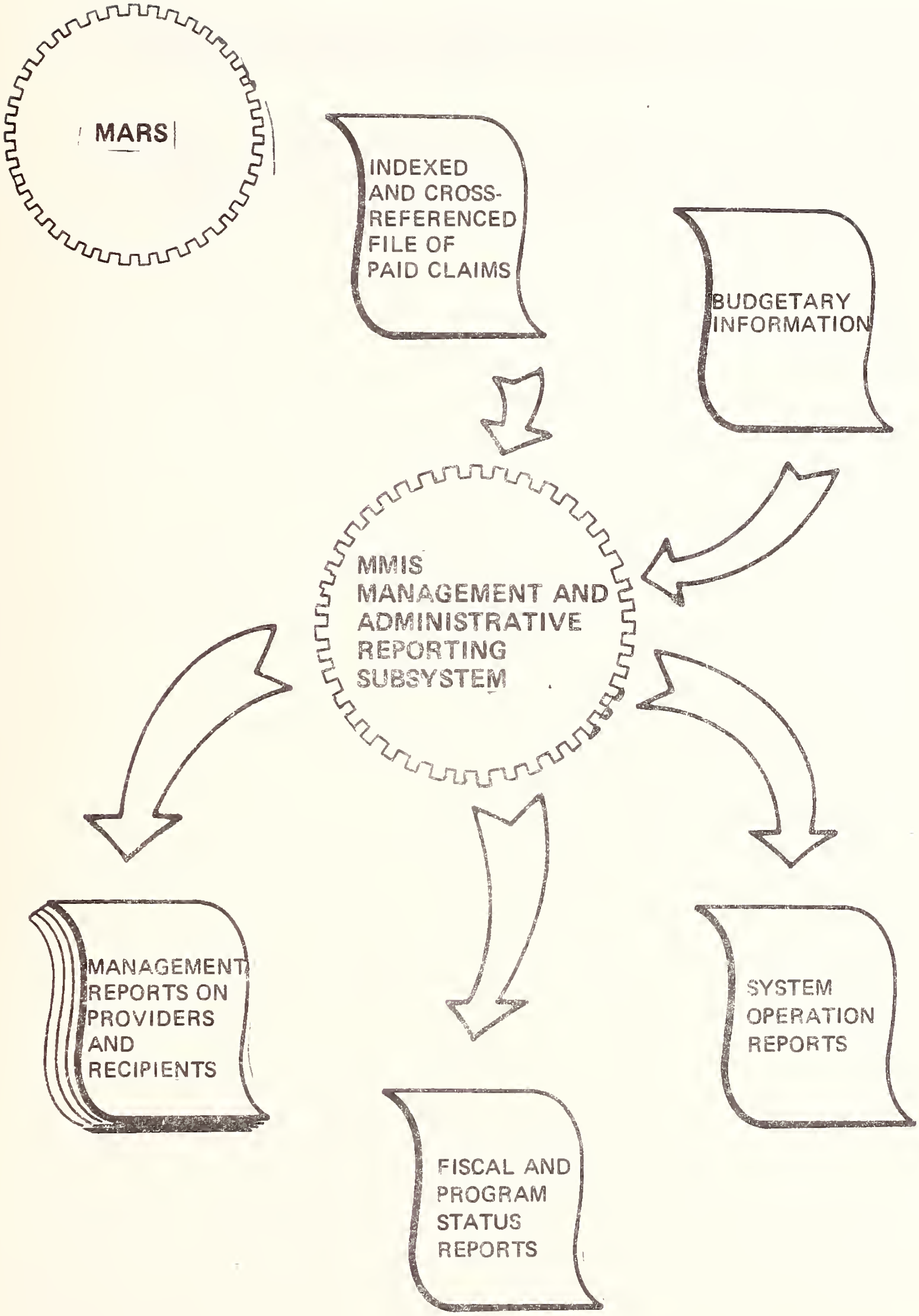

SUR
NORMS OF UTILIZATION
INDEXED AND CROSS-REFERENCED FILE OF PAID CLAIMS
ELIGIBILITY MASTER FILES
SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM
SUMMARY REPORTS
NORMS FOR PROVIDERS AND RECIPIENT UTILIZATION
REPORTS BY EXCEPTION ON POSSIBLE MISUTILIZERS OF MEDICAID

Figure 12. MAR Subsystem


MARS
INDEXED AND CROSS-REFERENCED FILE OF PAID CLAIMS
BUDGETARY INFORMATION
MMIS MANAGEMENT AND ADMINISTRATIVE REPORTING SUBSYSTEM
MANAGEMENT REPORTS ON PROVIDERS AND RECIPIENTS
FISCAL AND PROGRAM STATUS REPORTS
SYSTEM OPERATION REPORTS

of errors entering the system are categorized and presented by frequency, and statistics on provider claim filing habits are accumulated.

In summary, MMIS is a modular, integrated management information system. Once implemented, it will control the Medicaid payment procedure and help provide a means to monitor the payment process.

MODULE VI.

TRAINING MODULE FOR MMIS PROVIDERS

VI. TRAINING MODULE FOR MMIS PROVIDERS

1. Overview

The provider training module is designed to assist the training coordinator in developing a training program for providers of Medicaid services. Providers include physicians, hospitals, clinics, laboratories, pharmacists, and all those providing services under the State Medicaid Plan. The module is a flexible framework that recognizes the diversity of provider functions.

The material presented in this module is derived from two sources: the Medicaid Management Information System, General Systems Design, and the experience of the State of Ohio in implementing this system in detail. Not all of the material presented may be relevant to the situation in any given State. The training coordinator should examine this training program against the detailed design of MMIS to be implemented in his state to determine its applicability. The coordinator should also (in conjunction with Medicaid management) analyze the particular relationship of his State's Medicaid Agency to both providers and associations to determine the best method of program development.

Insofar as the MMIS will influence programmatic aspects of Medicaid, (deadline dates, payment criteria, etc.), it will be necessary to develop a clear and concise explanation of differences between the current system and MMIS requirements. This should be included in the reference material presented to the providers. It should be noted that providers may have a significant influence upon the functioning of MMIS and should be "consulted" concerning issues, rather than simply informed of policy decisions. Consulting those persons closest to the actual delivery of medical care will help avoid embarrassing and costly errors in system design and implementation.

2. Problems to be Addressed

The provider category presents a somewhat different set of problems to be addressed than the groups dealt with in previous modules. Providers are privately employed, and related only contractually to the system. In addition, their orientation and training requires that they take time from their jobs (a factor frequently necessitating the sanction of their employers).

Although the providers are, in a sense, removed from the system, their functions are as critical to its success as those of other groups. The general problem to be addressed by this module, then, is that providers are not aware of the general objectives and functioning of the MMIS to the degree necessary to fulfill their roles within the system. More specifically, the problems are as follows:

- Providers should be aware of the MMIS subsystem functions and relationships.
- Providers should be familiar with their roles and responsibilities within the system.
- Providers should be familiar with the Provider Manual for MMIS.
- Providers should be aware of the advantages for them under MMIS.

3. Training Goals and Objectives

The general goals of an orientation program for providers are to provide them with an understanding and gain their acceptance of MMIS. More specifically, the objectives are as follows:

- Ensure that providers understand the purpose of MMIS and the advantage of the system for them.
- Ensure that providers are familiar with MMIS subsystem functions of the MMIS and their responsibilities in relating to those functions under the system.
- Ensure that providers are thoroughly familiar with the Provider Manual and the instructions for procedures contained therein.

4. Session Development and Format

Gaining provider acceptance and approval of the new Medicaid payments system is crucial to the smooth change over and continued success of MMIS. Like any new system, MMIS will require changes by diverse groups of people. Of these, the providers are the most independent and consequently the most difficult to control. For this reason, careful consideration of the needs of providers by the training coordinator and his supervisors must be an integral part of development of the new system.

Below are four basic steps that the training coordinator should undertake to develop and implement a provider training program:

- Determine the training requirement
- Select one of more training methods
- Schedule training activities
- Prepare training material

Each of these steps will be considered in turn.

a. Determine Training Requirement

The first step in developing a training program is to decide who will need training and what training will be needed. Within each State, there will be several groupings of providers by type of practice (e.g., hospitals, physicians, ambulance drivers, etc.). Each will need specialized training dictated by its interrelationship with the Medicaid program. Ambulance operators do not need the same training as physicians or pharmacy staffs. It should be noted, however, that there may be instances where providers who perform radically different functions have virtually identical training needs. An example might be physical therapists and optometrists. Both frequently require prior authorization to perform on a Medicaid patient. Both may have substantial expenditures for medical supplies and neither is usually a medical doctor.

It is the function of the training coordinator to divide providers into meaningful groups for training purposes. A sample breakout (based on internal organization and the "handbooks" prepared by Ohio Department of Public Welfare) is included below.

While it is most important to have trained individual providers, it must also be recognized that provider associations play an important role in the medical care patterns of any State. As a result, associations as well as individual Medicaid providers should be informed about MMIS in as positive a manner as possible.

Needless to say, the political situation within the State and the relationship between the provider associations and the legislative and executive branches of state government will largely dictate the scope and the content of contact with provider associations. For this reason, the broad discussion of training material is to be particularized by the training coordinator in conjunction with other state officials; again, the responsibility for identifying target associations and for selecting appropriate material for these associations must rest with the state.

For each category of provider or each association defined, an outline covering the scope of training should be developed that indicates generally what is to be covered (or specifically avoided). An example of this type of outline follows.

Category	Number in Medicaid	Scope of Training
Physicians (MD's and DDS), Surgeons, and DO's	9,876	Purpose of MMIS Changes in Medicaid policy Effective date of changes Completion of new forms and filling them out New systems outputs and how to interpret them
or for an association:		
State Medicaid Association	6,543	Purpose of MMIS Why changes? Policy changes are related to current problems Effective dates of changes Effect of change on association members as a group.

Initial determination of the training requirements and the development of the training requirement outlines provide the basis on which the other three developmental steps may proceed.

b. <u>Select Training Materials</u>

Following determination of the MMIS training requirements, the training coordinator selects a method or methods for fulfilling the requirements. Several factors should be considered in making this selection:

- Manpower available for preparation of the program.

- Time limitations imposed by design and implementation dates
- Logistics (cost and timing of mailing, printing, and travel)
- Provider attitude toward training

Several training methods are available to the coordinator. These may be used singly or in combination within the parameters imposed above.

> (1) Lecture Method. This method is suitable for providing information to large groups of people. It requires an adequate amount of preparation and verbal skill to be effective. Time spent off the job and traveling to the lecture site is required of the providers.
>
> (2) Workshop. Workshops are suitable for small groups. It is necessary for the workshop leader to be well prepared and to have the workshop objectives clearly in mind to provide effective direction. Workshops are highly effective in reinforcing knowledge (especially with reference to reporting functions). Workshops require time off the job for participants.
>
> (3) Self-Study of Booklet Material. The self-study method requires careful preparation of study materials since there is no direct contact between providers and the instructor. Particularly suited for individual training, this method has the advantage of providing trainees with a continuous reference source as well as a training document. No travel time or scheduled time off the job is necessary, and the provider can proceed at his own pace in learning. Casette tapes may be employed effectively with this group.

All three methods offer feasible alternatives for training Medicaid providers and provider associations. The booklet method is an excellent means of informing individual providers scattered throughout the state of changes in policy, forms, and deadlines that will affect each particular provider type.

The section on training materials contains an outline of a "typical" provider booklet. Also suggested is an outline of a lecture type presentation appropriate to state medical societies and other provider associations. The workshop materials suggested are useful as either take-home handouts from the lecture or as mail-outs, either with the booklets or as a separate package.

c. Schedule Training Activity

Scheduling of the training sessions should be dictated by two factors: the stage of development of the MMIS detailed design, and the extent to which providers are likely to resist changeover to the new system.

It is essential the provider handbooks be sent out well before the system goes into operation and that any associated workshop material be sent to providers after basic design requirements for the MMIS have been completed. All provider documents must be finalized well before the system is scheduled to go into operation. (See MMIS Installation Guide, Exhibit 3.)

State provider professional association briefings and related activities are also suggested by the guide and by the schedule in Module II of the model training system.

d. Prepare Training Materials

As mentioned above, the training coordinator should review the material presented in Section 5 of this module and prepare documentation to support the training. Perhaps the most difficult task of the training coordinator is to pull together all Medicaid policy decisions that affect providers into a coherent reference and training booklet. It is suggested that a policy statement be signed by all involved persons to avoid conflicts of interpretation.

5. Proposed Contents

This section contains an outline for a presentation to be given to state provider associations and suggested material to be included in the Provider Handbook.

The outline has been developed with presentation to a large meeting in mind, but the topics it treats are equally transferable to small group sessions or as the subject of mail-outs. Consideration should be given to the possibility of allowing informed and committed providers to deliver instruction to their peers on the overall impact of MMIS. In any case, face-to-face contact with providers is the best way to obtain accurate feedback.

The outline of the Provider Handbook represents the type of "ready reference" document which must be distributed to each provider's office before new forms and procedures can be implemented.

Outline of Session with Provider Association

I. Agenda Discussion

- A. Purpose of meeting (stressing need for provider involvement in successful implementation of a new system)
- B. Outline of the session

II. A short history of Medicaid development in the state and U. S. (refer to Paper 1, "A Background and Summary Statement on the Medicaid Management Information System")

III. Problems that have developed as a result of rapid growth of medicaid (provider point of view)

- A. Slow payment of claims (cash flow)
- B. Loss of claims in processing
- C. Positive identification of recipients
- D. Relationship to Medicaid and third party claim
- E. Poor statements and irregular claims payment
- F. Slow response to inquiries
- G. Unreasonable fee schedules
- H. Poor administrative climate degrades Medicaid program in legislative and public eye

IV. What is MMIS? A computer system which is designed to simplify and speed up all aspects of the Medicaid operation.

V. How will MMIS affect solutions to the problems which we have outlined above? Let's consider this, problem by problem. (Explain state system affect on problems listed in III.)

VI. Development of new forms to expedite the change to MMIS. (Show forms and explain differences.)

VII. Recap inportance of new system to providers

VIII. Questions

Provider Handbook

I. Program Overview

- A. Authority for program
- B. Participation requirement for providers
  - (1) Payment provisions
  - (2) Maintenance of records of services rendered
  - (3) Non-discrimination
- C. Recipient eligibility
  - (1) Requirements
  - (2) Identification
  - (3) Purchase limitations
- D. Administrative Procedures
  - (1) Relationship to other programs
  - (2) Obtaining and replenishing forms and manuals
- E. Third party liability
  - (1) Coverage procedures
  - (2) Procedures for ascertaining third party coverages
  - (3) Overpayment procedures

II. Physician Services

- A. Eligibility
  - (1) Physicians credentials
  - (2) Services covered
  - (3) Non-covered services
  - (4) Limitations

B. Other services

(1) Surgical expenses

(2) Resident and intern

(3) Anesthstic

(4) Radioligists

(5) Pathologists

(6) Multiple Surgery

(7) Assistance at Surgery

(8) Relationship to Medicare

C. Drugs and supplies

(1) Prescription requirements

(2) Listing by type and limitation

(3) Non-prescription drugs

(4) Medical supplies and prosthetic devices

(5) Rules as related to physicians dispensing

III. Billing

A. Reporting requirements

(1) Sample forms

(2) Procedures for completing

(3) Submission requirements

B. Remittance statement

(1) Payment procedure

(2) Claims in process

(3) Correction of invoices

Appendix A.

A WORKING GUIDE FOR THE DEVELOPMENT OF THE CURRENT SYSTEM OUTLINE ON FLOW CHART DEVELOPMENT

UTILIZATION OF FLOW CHART INFORMATION

It is essential that the Program Manager, who is responsible for assuring that each element critical to MMIS development is initiated and monitored, has a clear understanding of the various organizational and process display techniques which will be utilized to describe current and projected Medicaid operation. Since individuals with varying background will be assuming the management role in different states, it is difficult to provide suggestions which will be useful to each user. However, there are basic management considerations which should be developed from the information obtained through such displays. These considerations are discussed in the following paragraphs.

Regardless of the types of graphic conventions utilized for content display purposes, the intent of a functional or organizational flow is to track program activity and define the structure within which such activity occurs. A frequent problem encountered when dealing with flows such as Figure 1, Page 32, Model Medicaid Management Information System is that the graphics are overpowering, often discouraging examination because of this evident complexity. This reaction stems from attempting to develop some "overall response" from the flow diagram. It is important when working with such displays to "begin", that is, to start at a beginning point and follow the logic path. Once this approach has been followed to its conclusion, the flow chart elements are easily understood.

Although rules cannot be developed which cover all types of flow charting since it has become rather "free form" art, we may arbitrarily divide flow charts into three categories.

(1) Those which provide an operating overview.

(2) Those which attempt to schedule through interrelation of critical events.

(3) Those which follow the path of an input such as a form or an individual.

It bears reiteration that formal graphic conventions have been documented for the development of such techniques as PERT networks and GANTT charts.* Where this form of graphics is provided, adequate documentation is readily available to explain in detail the conventions

---

*PERT - a technique used for planning and scheduling projects which consist of numerous activities having uncertain but interdependent completion time. GANTT - a graphic method for depicting time, task, and completion relationships without specifying interrelationships of tasks.

utilized. More often, however, the output of such efforts as feasibility studies conducted within the state will provide more "free form" displays. The Program Manager must utilize such documentation in conjunction with the basic MMIS system documentation to make determinations about:

(1) What subsystems operate and will be affected by the installation of MMIS.

(2) What critical path implications are there in the interrelationships of subsystems, i.e., what events must be started or completed before another activity can begin.

(3) What are the implications of this organizational and fucntional activity on the detailed operational day-to-day processes.

Stating the problem in this fashion, the relationship between the types of figures utilized and the determinations to be made is evident:

(1) An operational overview for identification of the system affected.

(2) Critical path description for timing and priority considerations.

(3) Detailed input tracking for identifying and documenting day-to-day processes.

Such information must be developed and assembled from two primary sources:

(1) The MMIS description provided in the basic system documentation.

(2) State feasibility study results which relate the existing operation to the proposed system.

At this point the type and effectiveness of the feasibility study which has been conducted becomes critical. The study results must:

(1) Lay out the operational overview for the state operation and compare schematically that operation to the model.

(2) Incorporate basic state unique elements relating to hardware configurations, and software and organizational/operational factors which impinge on system development.

(3) Define basic critical path considerations.

If this activity is contracted and completed properly, the basic model provided in Figure 1 can be used as a checklist for each subsystem to determine where procedures in the local operation differ and, more importantly, why they differ. Each element and, in some cases, entire subsystems may not apply to individual operations but where this is true it is essential that the rationale for these differences be clearly understood by the Program Manager. Such information will be most readily available and in a useful form if the results of the feasibility study have been organized to reflect a functional flow diagram which may be compared to the basic MMIS model. Where this has not been done, such a flow can be constructed from the feasibility report. It is essential that the differences between the model and operation be identified, basic critical path elements established and local constraints/restrictions identified before the system design is contracted by the state.

Requirements for the system design may be viewed as stemming from the basic MMIS model as modified by local configuration elements. During the conduct of the system design the documentation developed will complete the critical path consideration outlined in the feasibility study and develop the detailed input tracking necessary for each element of the system.

The Program Manager must by this time be sufficiently familiar with the graphic technique to ensure he is able to utilize this blueprint for operation, and critique the proposed system design in necessary areas.

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